

“Human coronavirus circulation in the United States 2014–2017”

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INTRODUCTION

Coronaviruses are widespread among populations across the world and peak each year between December and March—or the winter season either side of the equator. The body’s own cells produce these viruses in response to changes in their internal and external environment, when stressed or encountering toxicity.

They (the coronaviruses) are only one family of viruses. There are hundreds of thousands of “viruses”. In fact, your body is mostly made up what are called “viruses”. You have around 10 trillion of your own cells, around 60-100 trillion bacteria and between 360-1000 trillion “viruses”. “Viruses” are not living unlike cells and bacteria. Even the bacteria in your body produce “viruses”. Viruses perform very important functions in the body.

They are part of cellular information network, a bit like a global internet in the body with instant messaging. They play a role in dissolving and removing debris of dead cells and toxins and have

many other functions which are being studied. The complexity involved is staggering and much is still not understood.

The 19th century crude and simpleton view of “viruses” only being pathogens is false. It has been shaped by a flawed “germ—boogeyman—theory” of disease which provides for a lucrative model of disease treatment. It allows the corporatisation and securitisation of health as a tool of taking control of nations. These methods were used against African and Muslim nations and populations as a tool of colonialism and imperialism. It is continuing today in those same lands but under the guise of “philanthropy” and “global health security”. This is a subject in itself, I mention it here to alert Muslims to this fact so that they can pursue the matter and do their own investigations and so that **“the sabīl of the mujrimīn may become evident”** (6:55).¹

There are over 200 viruses which are associated with common cold symptoms, some of the most common being **rhinoviruses**, **respiratory syncytial viruses** (RSV) and **coronaviruses**.

Coronaviruses are harmless and produce no symptoms in the overwhelming majority of populations. Some get mild to moderate symptoms during certain seasons and only those with underlying chronic illnesses and impaired immune function are at severe risk of fatality.

Coronaviruses are well studied. That people who already have major illnesses die through respiratory complications after getting a common cold associated with coronaviruses is already known. This is nothing new.

¹ Refer to Edwin Blacks, “War Against the Weak” and Nancy Turner Banks’, “AIDS, Opium, Diamonds and Empire”. A thorough reading of these two meticulous books will easily convince the reader of what has been stated.

For now I leave you with excerpts of this paper about coronavirus circulation in the United States.

I have highlighted certain parts and provided some explanatory footnotes as well.

Abu 'Iyaad

EXCERPTS

“Human coronaviruses (HCoVs) HCoV-NL63, HCoV-HKU1, HCoV-229E, and HCoV-OC43 **circulate worldwide** and cause a range of respiratory symptoms. **Infections are often asymptomatic** or associated with **mild to moderate** upper respiratory tract illness in immunocompetent children and adults; HCoVs are considered the second most common cause of the common cold. **Infections can also result in lower respiratory tract illness including bronchiolitis and pneumonia, especially in immunocompromised individuals, infants, and older adults.**”²

Note: Most people have colds at some stage in their lives, and as a result, there will remain small amounts of the viruses that were associated with that cold. When there is an active cold taking place, the levels of these viruses will rise. Viruses clear in a couple of days. Hence, it is possible for a person to test positive and then negative the very next day and then test positive again. This is because it is the body’s cells that are producing the virus as part of an immune response.³ Colds are nothing but seasonal clearances of the body from damaged and dead cells. For most people they are harmless, whereas certain types of people’s bodies may not be

² Hence, what is being witnessed in these months in early 2020 is nothing new or out of the ordinary. Every year in this season there are people who get severe complications and die. They would be included among the deaths for “**influenza like illnesses**”. In other words, all those illnesses that do not test positive for any of the known influenza viruses, they are categorised as “influenza like illnesses”. They are associated with a range of other viruses such as adenoviruses, coronaviruses, rhinoviruses, respiratory syncytial viruses (RSVs), metapneumoviruses, boca viruses, para influenza viruses and so on.

³ This raises the issue of testing methods, their specificity, accuracy and true diagnostic value, and this will be addressed in future articles inshā’Allāh.

able to take this additional burden as has preceded, due to other underlying illnesses.

“During July 1, 2014–June 30, 2017, 854,575 HCoV tests were reported by 117 laboratories in 42 states submitting to NREVSS.”

“The percent of HCoV positive tests varied throughout each year, and also peaked each year **between December and March.**”

“The highest percent positive for any single species was 7.6% of tests positive for HCoV-OC43 in the week beginning December 31, 2016.”

“The most notable difference was in the percentage of positive HCoV-OC43 tests during the 2016–2017 season, with the West region showing **a peak percent positive of 5.0%** and the Midwest region showing **a peak percent positive of 12.4%.**”

Note: As you can see, between 5% to 12% of tests were positive depending on the region. If you expand that to an entire population of 300 million, it means that between 15 million to 36 million would potentially test positive for any coronavirus. And in the vast majority it would be harmless with either no symptoms at all or mild to moderate symptoms, and these affairs would be determined by other factors related to each individual, their diet, lifestyle, environment and level of existing health, or sickness. There will also be certain categories who would be at severe risk due to chronic, underlying health issues or major organ damage or immune dysfunction, where the specific targeted response is too weak or the general response is too strong.

“Overall 1569 tests (7.5%) were positive for any HCoV.”

Note: So here, in an overall sense, we can estimate that in the US 22.5 million people would test positive for any coronavirus.

“Age was available for 1016 (67%) of specimens with a single HCoV detection and **the median patient age of these specimens was 23 years (range 0–96 years)**. The patient age distribution of specimens with a single HCoV detection was significantly different between species ($p < 0.01$) (Fig. 3). The median ages of patients with specimens testing positive for a single HCoV species were as follows: **HCoV-OC43, 24 years; HCoV-NL63, 11 years; HCoV-229E, 30 years; and HCoV-HKU1, 19 years. For HCoV-OC43, HCoV-NL63, and HCoV-HKU1 >45% of detections were in children <18 years old (Fig. 3). By contrast, 31% of HCoV-229E detections were in children <18 years old (Fig. 3).**”

Note: As you can see here, these coronaviruses are fairly common in younger populations and they are harmless and asymptomatic.

“Among these, 68.6% reported a single HCoV species detection only, 1.7% reported two or more HCoV species, and 30.2% detected another respiratory virus.”

Note: There can be multiple **respiratory viruses** detected in a person at the same time, which means that just because coronavirus is found in your body, it does not mean that it is associated with respiratory illness. It could be another virus.

“The most common co-detected **non-HCoV viruses** were **RSV** (11% of HCoV positive specimens), **rhinovirus/enterovirus** (6.6%), and **influenza A** (5.7%); 51 (3.3%) specimens had ≥ 2 viral species detected in addition to HCoV. Co-detection patterns were broadly similar among the four HCoVs.”

Note: The above is absolutely crucial to understand. All these other viruses were **co-detected** along with coronaviruses. These other viruses are well known to produce the same symptoms and fatal outcomes that are associated with coronaviruses in the chronically ill and those with impaired immune function. This shows that you can have a flu in the presence of a coronavirus, and the coronavirus is just a bystander, a passenger. Also in this way, pneumonia and severe respiratory illness can be ascribed to coronavirus when in fact, it was related to something else. Thus it can be falsely claimed a person died “of coronavirus” and in this way hysteria, fear and panic can be induced.

“During the study period, HCoVs showed **a peak prevalence during December–March each year**, which coincides with the winter respiratory virus season.”

“HCoV-229E detections were more common in adults >18 years old compared to HCoV-HKU1, -NL63, and -OC43. **HCoV-229E has previously been reported as disproportionately affecting immunocompromised individuals relative to the other HCoV species**, possibly affecting the median reported age at infection.”

“**Non-HCoV viral co-detections were seen in 30% of specimens positive for HCoV, and 3.3% of specimens had two or more co-detected viral species.**”

Note: The same point made earlier about co-infection. A person can have numerous viruses in the body.

“**Many HCoV infections are subclinical or mild, and do not require clinical care; therefore these infections are unlikely**

to require laboratory testing and would not be captured by NREVSS.”

Note: This means that it is possible to create a false picture of fatality rates because of **selective and incomplete testing**.

If the entire United States population could be tested **in a single day** for coronavirus, then around 22.5 million would test positive. These would be counted as “cases”. If you then divide the current number of deaths, around 2,500, by this number, you get a fatality rate of 0.01% among those who have the virus in their body.

But because this percentage rate is determined by the limited number of tests that have been done at any one time, it will always remain an inaccurate measure of the severity of the disease.

Also, the illusion can be created that the virus or disease is “spreading” when no such thing is happening at all.

Rather, what is happening is that as you test more and more, the illusion is created that the virus has spread, when in reality, this is only a consequence of the expansion of tests which are detecting coronavirus that is already found in a certain percentage of people.

To give a similitude:

You can test the population to see how many people have £50 notes in their wallets. As you test more and more people and

expand it to towns and cities across the nation, it can be claimed that the £50 is multiplying and spreading within the population as more and more people can be found who have a £50 note in their wallet. It can then be said that this virus of “wealth” must be annihilated—because private property and wealth independence is detested—[by Communists]—and must be destroyed.

The illusion is created of the evil £50 which has spread and found its way in people’s wallets, creating an epidemic of WD19, Wealth Disease 2019. Thus, measures of quarantine must be implemented to protect people from the harmful effects of £50 notes.

However, the £50 notes were already there from the beginning and the its spread is only an illusion created by expanding the act of checking people’s wallets across geographical areas.

CLOSING NOTES

What is happening is the following:

Coronaviruses are very common. There will be hundreds of millions of people, in fact, well over half a billion, who will have very small amounts of coronaviruses in their body, all across the world. The overwhelming majority will be asymptomatic and be perfectly fine, normal, healthy. The virus in and of itself does not cause disease. It is **individual susceptibility** that determines a disease condition. The virus plays a particular role in the body which can lead to symptoms, varying in their degree from person to person. Some of these instances may be subclinical with no visible signs or symptoms and others clinical, meaning that they have a fever, cough, headache and the likes.

A significant percentage of people who become sick during the winter—whose time of year varies above and below the equator—with the **flu, pneumonia, tuberculosis** and **respiratory illnesses** with causes other than the coronavirus may test positive for coronavirus if tested. In the absence of thorough investigation, this can then be blamed on coronavirus, declared a fatal case of “COVID-19” and added to the statistics.

You can play around even further by making sure you select only **the sickest of people for testing** and this way you can inflate the fatality rate even further and continue the illusion of a pandemic.⁴

⁴ You can really fool around by making a diagnosis for this allegedly new disease from an allegedly “new” coronavirus through **clinical observations** alone. If

However, if you never did any testing whatsoever, then there would be nothing unusual at all and no epidemic would have existed and all the usual deaths that take place through complications on account of or in the presence of coronavirus or rhinovirus would simply come under the statistics for the usual level of mortality caused by **influenza related illnesses** on a seasonal or annual basis.

Finally, it is very important to point out that as the situation evolves and more and more information becomes available exposing what is really taking place, Muslims must continue to abide by the restrictions placed by the rulers who looked at the matter based on the initial information about the outbreak. This is from the angle of obeying those in authority which Allāh has commanded Muslims with in His Noble Book. There is tremendous blessing and goodness in this and Allāh will grant relief and provide a way out for those who obey His command.

To disobey the rulers is a sin and leads to harm and corruption. The Muslim rulers—may Allāh protect them and grant them tawfīq—have taken pragmatic and prudent measures out of genuine concern for their subjects, not as otherwise claimed by the Khawārij and Hīzbīs on account of their doctrinal bias and partisan hatred.

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you have a fever of any level, a runny nose, dry cough, blood-shot eyes, sneezing and so on, then you become another “case” statistic.