

# How the CDC is manipulating data to prop-up “vaccine effectiveness” New policies will artificially deflate “breakthrough infections” in the vaccinated, while the old rules continue to inflate case numbers in the unvaccinated.

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## UPDATE 28/05/21 – This article was subject to a clarification.[\[click here\]](#)

The US Center for Disease Control (CDC) is altering its practices of data logging and testing for “Covid19” in order to make it seem the experimental gene-therapy “vaccines” are effective at preventing the alleged disease.

They made no secret of this, announcing the policy changes on their website in late April/early May, (though naturally without admitting the fairly obvious motivation behind the change).

The trick is in their reporting of what they call “breakthrough infections” – that is people who are fully “vaccinated” against Sars-Cov-2 infection, but get infected anyway.

Essentially, Covid19 has long been shown – to those willing to pay attention – to be an entirely created pandemic narrative built on two key factors:

1. **False-positive tests.** The unreliable PCR test can be manipulated into reporting a high number of false-positives by altering the cycle threshold (CT value)

2. **Inflated Case-count.** The incredibly broad definition of “Covid case”, used all over the world, lists anyone who receives a positive test as a “Covid19 case”, even *if they never experienced any symptoms*.

Without these two policies, *there would never have been an appreciable pandemic at all*, and now the CDC has enacted two policy changes which means they no longer apply to vaccinated people.

Firstly, they are **lowering their CT value when testing samples from suspected “breakthrough infections”**.

From the CDC’s instructions for state health authorities on handling “possible breakthrough infections” (uploaded to their website in late April):

For cases with a known RT-PCR cycle threshold (Ct) value, submit **only specimens with Ct value  $\leq 28$**  to CDC for sequencing. (Sequencing is not feasible with higher Ct values.)

Throughout the pandemic, CT values in excess of 35 have been the norm, with labs around the world going into the 40s.

Essentially labs were running as many cycles as necessary to achieve a positive result, despite experts warning that this was pointless (even Fauci himself said anything over 35 cycles is meaningless).

But NOW, and only for fully vaccinated people, the CDC is suggesting labs lower their CT values to 28 cycles or fewer.

While it is *technically* true the CDC are only directly referring to samples for sequencing in these guidelines, focusing on that distinction disregards the way institutional dilution of responsibility works.

When the CDC tells State health authorities it “*would like to characterize the SARS-CoV-2 lineages responsible for breakthrough infections*”, and in turn warns that “*only specimens with Ct value  $\leq 28$  to CDC are suitable for sequencing*” they are not literally *ordering* people to run their tests at 28 cycles, but they are certainly implying that they should, and guaranteeing that some people will. This will then have the effect that fewer “breakthrough infections” are being officially recorded.

Secondly, **asymptomatic or mild infections will no longer be recorded as “covid cases”**.

That’s right. Even if a sample collected at the low CT value of 28 can be sequenced into the virus alleged to cause Covid19, the CDC will no longer be keeping records of breakthrough infections *that don’t result in hospitalisation or death*.

From their website:

As of May 1, 2021, CDC transitioned from monitoring all reported vaccine breakthrough cases to focus on identifying and investigating only hospitalized or fatal cases due to any cause. This shift will help maximize the quality of the data collected on cases of greatest clinical and public health importance. Previous case counts, which were last updated on April 26, 2021, are available for reference only and will not be updated moving forward.

Just like that, being asymptomatic – or having only minor symptoms – will no longer count as a “Covid case” *but only if you’ve been vaccinated*.

The CDC has put new policies in place which effectively created a tiered system of diagnosis. Meaning, from now on, unvaccinated people will find it much easier to be diagnosed with Covid19 than vaccinated people.

The CDC is demonstrating the beauty of having a “disease” that can appear or disappear depending on how you measure it.

To be clear: If these new policies had been the *global approach* to “Covid” since December 2019, **there would never have been a pandemic at all**.

If you apply them only to the vaccinated, but keep the old rules for the unvaccinated, the only possible result can be that the official records show “Covid” is much more prevalent among the latter than the former.

This is a policy designed to continuously *inflate* one number, and systematically *minimise* the other.

What is that if not an obvious and deliberate act of deception?

You can read our most recent article on the CDC’s own report that “breakthrough cases” are being “substantially undercounted”, plus more changes to the testing guidelines [here](#).

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**UPDATE 28/05/21:** We’ve received many emails about this article – and apparently been subject to “factcheck” – to the point we feel the need to add a clarification.

The feedback we’ve received draws a distinction between “ordering lower CT values” and the CDC’s notice saying that “only samples taken at 28 cycles or fewer were suitable for sequencing.”

While we do not believe this distinction impacts the analysis or argument, it is technically accurate, and we have amended the text to better reflect this.

In name of full transparency you can still view an archived copy of the original [here](#).