

Asymptomatic People Do Not Spread COVID-19

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Fact Checked

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STORY AT-A-GLANCE

- > A vast majority of those testing positive for SARS-CoV-2 are asymptomatic. They simply aren't sick. The PCR test is merely picking up inactive (noninfectious) viral particles
- > In one study, which looked at pregnant women admitted for delivery, 87.5% of the women who tested positive for the presence of SARS-CoV-2 had no symptoms
- > A study looking at PCR test data from nearly 10 million residents in Wuhan city found that not a single one of those who had been in close contact with an asymptomatic individual tested positive
- > Of the 34,424 residents with a history of COVID-19, 107 individuals tested positive a second time, but none were symptomatic and none were infectious
- > When asymptomatic patients were tested for antibodies, they discovered that 190 of the 300, or 63.3%, had actually had a "hot" or productive infection resulting in the production of antibodies. Still, none of their contacts had been infected

According to media reports, COVID-19 "cases," meaning positive PCR test results, are soaring across the U.S. and around the world, leading to the implementation of measures that in some cases are stricter than what we endured during the initial wave.

However, as detailed in several articles, including "Why COVID-19 Testing Is a Tragic Waste," PCR tests are being used incorrectly, resulting in the false appearance of widespread transmission.

In reality, the vast majority of people who end up with a positive test will not develop symptoms and aren't infectious. Needless to say, if you're not infectious, you pose no health risk to anyone, and being placed under what amounts to house arrest is nothing but cruel and unusual punishment for no reason whatsoever.

Positive Test Rates Have No Bearing on Mortality Rates

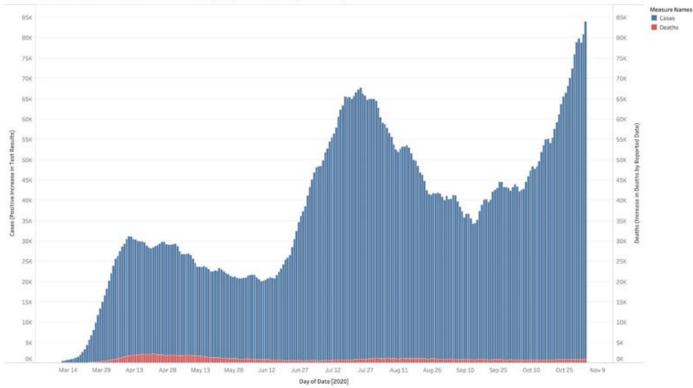
In The Highwire report above, Del Bigtree breaks down how excessively high test sensitivity leads to falsely elevated "case" numbers that in reality tell us nothing about the situation at hand. As noted by Bigtree, what's missing from the COVID-19 conversation is the actual death rate.

"If COVID is a deadly virus, what should we see when cases increase?" he asks. The answer, of course, is an increase in deaths. However, that's not what's happening.

Aside from a small bump at the beginning, when doctors were unsure of the appropriate treatment and some states recklessly and irresponsibly sent infected patients into ill equipped nursing homes, the death rate has remained relatively flat while positive test rates have dramatically risen and fallen in intervals.

In the video, Bigtree features a November 4, 2020, tweet¹ by former White House coronavirus adviser Dr. Scott Atlas — who since locked his account so only approved followers can see it — showing the number of positive tests (aka "cases") in blue and COVID-19 related deaths in red, since the start of the pandemic up until the end of October 2020. As you can see, there's no correlation between the positive test rate and subsequent deaths.





Vast Majority of 'COVID-19 Patients' Are Asymptomatic

One of the explanations for why positive test rates and mortality do not go hand in hand is the simple fact that a vast majority of those testing positive for SARS-CoV-2 are asymptomatic. They simply aren't sick. The PCR test is merely picking up inactive (noninfectious) viral particles.

In one study,² which looked at pregnant women admitted for delivery, 87.9% of the women who tested positive for the presence of SARS-CoV-2 had no symptoms. Another study³ looked at a large homeless shelter in Boston. After a cluster of COVID-19 cases was observed there, researchers conducted symptoms assessments and testing among all guests residing at the shelter over a two-day period.

Of 408 people tested, 147, or 36%, were positive, yet symptoms were conspicuously absent. Cough occurred in only 7.5% of cases, shortness of breath in 1.4% and fever in 0.7%. All symptoms were "uncommon among COVID-positive individuals," the researchers noted.

Asymptomatic Transmission Is Very Rare

During a June 8, 2020, press briefing, Maria Van Kerkhove, the World Health Organization's technical lead for the COVID-19 pandemic, made it very clear that asymptomatic transmission is very rare, meaning an individual who tests positive but does not exhibit symptoms is highly unlikely to transmit live virus to others.

"We have a number of reports from countries who are doing very detailed contact tracing. They're following asymptomatic cases, they're following contacts, and they're not finding secondary transmission ... it's very rare, and much of that is not published in the literature," Van Kerkhove said.

Just one day later, Dr. Mike Ryan, executive director of the WHO's emergencies program, backpedaled Van Kerkhove's statement, saying the remarks were "misinterpreted."⁴ Needless to say, when you're trying to justify the implementation of a vast surveillance network, it's no good to admit a vast majority of people are having their privacy infringed upon for no good reason whatsoever.

Asymptomatic People Pose No Risk to Others

Most recently, a study⁵ in Nature Communications assessed the risk posed by asymptomatic people by looking at the data from a mass screening program in Wuhan, China.

The city had been under strict lockdown between January 23 and April 8, 2020. Between May 14 and June 1, 2020, 9,899,828 residents of Wuhan city over the age of 6 underwent PCR testing. In all, 92.9% of the entire city population participated in the testing. Of these, 9,865,404 had no previous diagnosis of COVID-19 and 34,424 were recovered COVID-19 patients.

66 Not a single one of the 1,174 people who had been in close contact with an asymptomatic individual tested



In all, there were zero symptomatic cases and only 300 asymptomatic cases detected. (The overall detection rate was 0.3 per 10,000.) Importantly, not a single one of the 1,174 people who had been in close contact with an asymptomatic individual tested positive.

Additionally, of the 34,424 participants with a history of COVID-19, 107 individuals (0.310%) tested positive again, but none were symptomatic. As noted by the authors:⁶

"Virus cultures were negative for all asymptomatic positive and repositive cases, indicating no 'viable virus' in positive cases detected in this study ... The 300 asymptomatic positive persons aged from 10 to 89 years ...

The asymptomatic positive rate was the lowest in children or adolescents aged 17 and below (0.124/10,000), and the highest among the elderly aged 60 years and above (0.442/10,000). The asymptomatic positive rate in females (0.355/10,000) was higher than that in males (0.256/10,000)."

Asymptomatic People Have Low Viral Load

Interestingly, when they further tested asymptomatic patients for antibodies, they discovered that 190 of the 300, or 63.3%, had actually had a "hot" or productive infection resulting in the production of antibodies. Still, none of their contacts had been infected.

In other words, even though asymptomatics were (or had been) carriers of apparently live virus, they still did not transmit it to others. As noted by the authors, "there was no evidence of transmission from asymptomatic positive persons to traced close contacts." They further added:⁷

"Compared with symptomatic patients, asymptomatic infected persons generally have low quantity of viral loads and a short duration of viral shedding, which decrease the transmission risk of SARS-CoV-2. In the present study, virus culture was carried out on samples from asymptomatic positive cases, and found no viable SARS-CoV-2 virus. All close contacts of the asymptomatic positive cases tested negative, indicating that the asymptomatic positive cases detected in this study were unlikely to be infectious."

Reinfected Individuals Are Not Infectious Either

The same held true for people who tested positive a second time after having recovered from an active infection.

"Results of virus culturing and contract [sic] tracing found no evidence that repositive cases in recovered COVID-19 patients were infectious, which is consistent with evidence from other sources," the authors said.⁸

The researchers also pointed out that virus cultures and genetic studies have shown the virulence of SARS-CoV-2 appears to be weakening over time, and that newly infected individuals are more likely to be asymptomatic and have a lower viral load than the cases seen earlier in the outbreak.

What does all of this tell us? It tells us there's no reason to panic simply because the number of positive tests are on the rise. Remember, the more people you test using a PCR test that is set to an excessive cycle threshold, the more false positives you'll get.

As explained in "Asymptomatic 'Casedemic' Is a Perpetuation of Needless Fear," by using an excessive cycle threshold that amplifies the viral RNA to the point that it detects inactive (noninfectious) particles is at the heart of this so-called pandemic. It's what keeps the pandemic narrative going, when in fact it's long since over.

CDC Uses Questionable Sources to Counter China Study

Interestingly, the same day the China study came out, the U.S. Centers for Disease Control and Prevention updated its guidance⁹ on mask wearing, claiming asymptomatic people account for more than half of all transmissions. Where did they get that from?

The two references listed as support for that claim include a study¹⁰ from July 2020, and CDC data that haven't even been published yet.¹¹ It just says it was "submitted" for publication sometime in 2020, therefore, we are unable to provide any source link. The CDC makes no mention of the China study, which included nearly 10 million individuals.

CNN, which reported the CDC's update, parroting the idea that asymptomatic spread is why it's so important to wear a mask, also made no mention of the landmark study from China. Curious, don't you think? It's almost as though the CDC doesn't want us to know we have nothing to fear from healthy people.

German Lawyers Sue Fact Checkers Over Censorship

Many doctors, scientists and lawyers have now become wise to the fact that it is these flawed tests, and their fraudulent use, that is keeping the fear narrative alive – and they're taking action.

In the video above, Ben Swann talks to Dr. Reiner Fuellmich,¹² a consumer protection trial lawyer¹³ and founding member of the German Corona Extra-Parliamentary Inquiry Committee (Außerparlamentarischer Corona Untersuchungsausschuss¹⁴),^{15,16} which is seeking to expose how fraudulent testing has been and continues to be used to engineer the appearance of a dangerous pandemic when in fact there is none.

The committee is now filing the first of many lawsuits to come, this one against socalled fact checkers on social media. They opted to file a defamation lawsuit on behalf of Dr. Wolfgang Wodarg, a former member of the German Congress and the Council of Europe who has been an outspoken critic of PCR testing, as it cannot be used to diagnose infection.

Social media companies have labeled Wodarg's statements as "false," and by filing a defamation suit, the burden of proof now falls on the fact checkers to prove that they are correct. In other words, to win, the fact checkers must prove that PCR tests diagnose active infection. The scientific evidence proves they don't, so this case could turn out to

be pivotal in the fight against the big tech censorship that keeps the fearmongering alive.

COVID-19 Pandemic – The Greatest Psyop in History?

While Fuellmich and his team make no claims about WHY the pandemic is being kept alive using fraudulent science, they are unequivocal in their assertion that it is in fact a fake pandemic and that it has had devastating health and economic consequences around the world.

For the why, we have to turn to the geopolitical scene to see what narratives have rolled out in tandem with the pandemic. What we find is that leaders across the world are now calling for a "reset" of the global economy in the wake of the destruction brought by the pandemic. In reality, of course, it is the global response to the pandemic that created the economic devastation, not the virus itself.

Either way, the call to "build back better" is being heard around the world, and such plans include the elimination of conventional capitalism, free enterprise and private ownership, replacing them with a technocratic resource-based economic system in which energy and social engineering run the economy rather than pricing mechanisms such as supply and demand.

Leaders are also calling for invasive health surveillance, and there appear to be plans in place to use biometric surveillance via vaccines, all of which feed into the technocratic system in which this kind of mass surveillance is not only paramount but also foundational.

The reason surveillance is so crucial is because the functioning of this system hinges on artificial intelligence-driven social engineering and manipulation of the masses. Unless people are locked into what could be described as a digital prison, they won't comply with what's coming.

Hook everyone up to a digital centralized banking system, a digital ID and a social credit score, however, and few will have the fortitude to object or speak out against the

unelected rulers. Your entire life could easily be upended with the push of a button.

We've already seen how many people have not only been deplatformed for speaking out against one thing or another this past year, they've also had their digital payment accounts closed down, effectively destroying their ability to earn a living. Imagine if there were nothing but a centralized digital currency system and your accounts got shut down. How would you live?

Fear Is a Highly Effective Manipulation Tool

No person in their right mind would agree to this Great Reset plan if they were aware of all the details and its ultimate implications for humanity as a whole. So, to roll it out, they had to use psychological manipulation, and fear is the most effective tool there is.

As explained by psychiatrist Dr. Peter Breggin, there's an entire school of public health research that focuses on identifying the most effective ways to frighten people into accepting desired public health measures.

By adding confusion and uncertainty to the mix, you can bring an individual from fear to anxiety — a state of confusion in which you can no longer think logically — and in this state, you are more easily manipulated. The following graphic illustrates the central role of fearmongering for the successful rollout of the Great Reset.



In closing, testing asymptomatic people and isolating people who test positive even when they have no symptoms is a key strategy that keeps the fear level high. There simply aren't enough hospitalized COVID-19 patients to keep the ruse going, and far too few actually die to make the narrative work. That's why we hear nothing about those statistics anymore.

Instead, all we hear about are the "cases" — the positive tests which have no bearing on mortality rates. Fear of asymptomatics also drive the narrative that we must all wear face masks everywhere we go, because you don't know who might be infected and not know it. It instills fear of others, as even seemingly healthy people might make you deathly ill.

The featured study from Wuhan demonstrates the fallacy of such fears. People who test positive but have no symptoms are not infectious and pose no risk to others. They don't need to wear masks and they don't need to be isolated. In short, we don't need to fear each other.

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