

CORONAVIRUSES

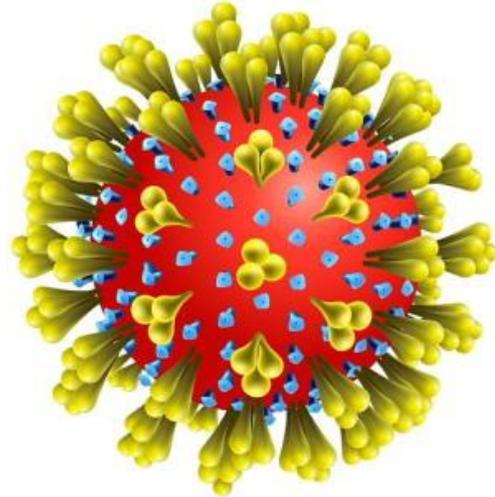
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In this article, I cover the history of the coronavirus viruses - Influenza (the common flu), MERS, SARS, Swine Influenza and COVID-19.

Coronaviruses are a group of related RNA viruses that cause diseases in mammals and birds. In humans and birds, they cause respiratory tract infections that can range from mild to lethal. Mild illnesses in humans include some cases of the common cold, while more lethal varieties can cause SARS, MERS, and COVID-19. In cows and pigs, they cause diarrhoea, while in mice they cause hepatitis and encephalomyelitis.

Scientists have divided coronaviruses into four sub-groupings, called alpha, beta, gamma, and delta. Seven of these viruses can infect people:

- 229E (alpha)
- NL63 (alpha)
- OC43 (beta)
- HKU1 (beta)
- MERS-CoV, a beta virus that causes Middle East respiratory syndrome (MERS)
- SARS-CoV, a beta virus that causes severe acute respiratory syndrome (SARS)
- SARS-CoV-2, which causes COVID-19



Influenza, commonly known as the Flu, is an infectious disease caused by an influenza virus. Symptoms can be mild to severe. The most common symptoms include: high fever, runny nose, sore throat, muscle pains, headache, coughing, sneezing, and feeling tired. Very common (More than 1 million cases per year in UK). Transmitted through airborne exposure. May be preventable by inoculation. Rarely requires lab test or imaging. Treatment from medical professional advised. Can last several days or weeks.

Middle East Respiratory Syndrome (MERS). Known as camel flu, is a viral respiratory infection caused by the MERS-coronavirus (MERS-CoV). Symptoms may range from none, to mild, to severe. Typical symptoms include fever, cough, diarrhoea, and shortness of breath. The disease is typically more severe in those with other health problems.

MERS-CoV is a coronavirus believed to be originally from bats. However, humans are typically infected from camels, either during direct contact or indirectly. Spread between humans typically requires close contact with an infected person. Its spread is uncommon outside of hospitals. Thus, its risk to the global population is currently deemed to be fairly low. Diagnosis is by rRT-PCR testing of blood and respiratory samples.

As of 2020 there is no specific inoculation or treatment for the disease, but a number are being developed. The World Health Organization (WHO) recommends that those who come in contact with

camels wash their hands and not touch sick camels. They also recommend that camel-based food products be appropriately cooked. Treatments that help with the symptoms and support body functioning may be used.

Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) is the strain of virus that causes severe acute respiratory syndrome (**SARS**). It is an enveloped, positive-sense, single-stranded RNA virus which infects the epithelial cells within the lungs. The virus enters the host cell by binding to the ACE2 receptor. It infects humans, bats, and palm civets. The most common symptoms include: high fever, runny nose, sore throat, muscle pains, headache, coughing, sneezing, and feeling tired. Extremely rare. Transmitted through airborne exposure. No inoculation available and requires lab test or imaging. Treatment from medical professional advised. Can last several days or weeks.

Spanish Flu was discovered in the USA, France, Germany and the UK in February of 1918. It was wrongly called the 'Spanish Flu' due to Spain having an open reporting system and the serious illness of King Alfonso XIII which led to the world focussing on Spain whilst the other countries concealed the severity of the virus from their populations. It is caused by the H1N1 influenza A virus. Worldwide, the virus infected over 500 million people and there were 17 to 50 million deaths. It struck in four waves before finally subsiding in April 1920. People were forced to wear masks and many businesses were closed. Inoculations were developed but had little impact in stopping the pandemic; it was only by the 1930s that it was recognised that 'Spanish Flu' was actually a virus. The 1918 Spanish flu was the first of two pandemics caused by H1N1 influenza A virus; the second was the 2009 swine flu pandemic.

Swine Influenza is an infection caused by any one of several types of swine influenza viruses. Swine influenza virus (SIV) or swine-origin influenza virus (S-OIV) is any strain of the influenza family of viruses that is endemic in pigs. As of 2009, the known SIV strains include influenza C and the subtypes of influenza A known as H1N1, H1N2, H2N1, H3N1, H3N2, and H2N3. The most common symptoms include: high fever, runny nose, sore throat, muscle pains, headache, coughing, sneezing, and feeling tired. It is very rare and treatment from medical professional advised. Often requires lab test or imaging. Can last several days or weeks. Usually preventable by inoculation. Transmitted through airborne exposure.

The 2009 Swine Flu pandemic was a global outbreak of a new strain of influenza; a virus subtype H1N1, first identified in April 2009, termed Pandemic H1N1/09 virus by the World Health Organization and colloquially called 'Swine Flu'. The outbreak was first observed in Mexico, and quickly spread globally. On 11 June 2009, the WHO declared the outbreak to be a pandemic. The overwhelming majority of patients experienced mild symptoms, but some persons were in higher risk groups, such as those with asthma, diabetes, obesity, heart disease, who were pregnant or had a weakened immune system. In the rare severe cases, around 3–5 days after symptoms manifest, the sufferer's condition declines quickly, often to the point of respiratory failure. The number of worldwide deaths confirmed and unconfirmed due to the lack of proper testing and recording, was reputed to be around 284,000.

COVID-19 is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It is an illness that can affect your lungs and airways and is caused by an airborne virus, called coronavirus and spread in a similar way to colds and the flu. Symptoms include a cough, a high temperature and shortness of breath. There's no specific treatment as yet and the care which is

applied, seeks to relieve the symptoms until you recover. It's not known exactly how it spreads from person to person, but similar viruses are spread in cough droplets.

COVID-19 is capable of developing multiple new strains (mutations) and is here to stay; it's not going to go away anytime soon. Sure, it may seem to disappear but like its counterparts, the Common Flu, MERS, SARs and Swine Flu it will raise its ugly head again. MERS, SARs, Swine Flu and the Common Flu, are still killing people, especially older folks and even those who are younger with underlying health conditions and weak immune systems. The Covid-19 survival rate for infected healthy individuals with strong immune systems is around 98%, which is similar to the common flu.

Those individuals who are heavy smokers and have sustained long-term lung damage, and cancer patients who have weakened immune systems due to chemotherapy treatment, are especially susceptible to dying from Covid-19. The virus will linger and after a lockdown when people are allowed to mix freely, it will spread again just like the common flu, especially over the winter period. If you consider the millions throughout the world who die every year due to the Common Flu and despite readily available inoculations, it is illogical to assume that the Covid-19 coronavirus can be completely eradicated.

Western countries have developed inoculations to combat the coronavirus Covid-19 and its mutant strains. The efficacy of those inoculations varies from 65% to 90% but it has been concluded that like the common flu inoculation a Covid-19 inoculation will have to be taken every year, prior to the winter months. I suspect that the flu and Covid-19 inoculations will merge to become a single annual inoculation and perhaps a second booster will be required? There is no doubt that many individuals will refuse such an inoculation.

I came across this interesting video which is a bit worrying. It is a scientific analysis of the [Pfizer Inoculations](#) by the Canadian Covid Care Alliance, an alliance formed by over 500 doctors, scientists and healthcare workers. It explains the scientific timeline development of the Pfizer Inoculation and its TRUE efficacy in preventing the virus. You can also download the .pdf file at www.canadiancovidcarealliance.org and the video is also on that page. (Scroll down the page to the 38-minute video and .pdf section) The middle section of the video in relation to young children is disturbing as is the end conclusion section.

To add grist to the mill, this website raises serious concerns - [A List of World Class Athletes Who Died Or Suffered Severe Injuries After COVID-19 Inoculation : The COVID World](#)

Another website which is worth visiting for more information on Covid-19 is [THE MCCULLOUGH REPORT on Apple Podcasts](#)

In my youth I was given the TB and Polio vaccines which are 'once in a lifetime' jabs but the Covid-19 inoculations appear to be similar to the common flu inoculation which is administered annually to those who wish it. I am very wary of the long-term impact on my health of a Covid-19 inoculation that can engage my human DNA, even if it is only temporary. The human immune system is the key to survival and there are many myths and facts going around as to how to make it strong. It is up to the individual to research the correct foods to eat and to avoid any external toxins, especially drugs, excessive alcohol and smoking cigarettes, cigars and pipes which can impair the immune system.

It would appear from recent clinical studies, that obese people, even the young, who are obese, are susceptible of dying from catching the Covid-19 virus. This may be the reason that countries like the United States of America, who have a high obesity rate in their population, and who are basically unfit, are experiencing a high death rate? Another factor which has raised its head, is that ethnic minority groups are also susceptible to becoming infected and this appears to be the case in India.

I am not vaccinated for the common flu or Covid-19 and in December 2019, I endured 2 weeks of a severe case of flu, which may have been Covid. I was laid up in bed and consumed the usual 'over the counter medications' to get over it. I did not contact my doctor as all my life, this was the way I treated myself for a flu bout. In early January 2024, I endured the next attack of flu or Covid-19 and spent another 2 weeks in bed and treated myself with the usual over the counter medications. It is easy to be overcome by bodily weakness and lethargy after a flu or Covid-19 bout and it requires strength of character to pull yourself together, to get out of bed, and get on with your life. Throughout their lives, many people in the UK who have endured an illness or infection have been prescribed anti-biotics and many have taken them rather than an over-the-counter remedy. I have always avoided antibiotics for illness as I believe through regular use, they weaken the immune system, but that is only my belief, and when illness threatens to kill you, I guess there is no alternative. As I understand it, and I may be wrong, anti-biotics cannot suppress Covid-19.

For centuries, especially in the UK, village isolation has held the key to controlling the spread of a virus and to eventually bring about its demise. Of course, back then, the population of the UK was very much smaller and cities, like London were not so highly populated. The distances between villages kept the community and the workplace local, but today, we live in different times. The idea that we can TTI (Test, Trace and Isolate) a person and their contacts via a smartphone application is just as daft as stating that we can TTI people physically using inspectors and with the assistance of NHS and medical records. The UK now has over 65 million people and the vast majority live in cities, and the ones who don't, live outside and travel into these cities to work; many will travel globally – so contact tracing (TTI) is nothing but a nice sound bite.

Nature always seems to have its way, just like it has done for thousands of years. It's like migration: the human race has been migrating ever since they first appeared on the planet. Changing conditions create migrations; climate changes, illness, lack of food supplies, and warring tribes. It's the same with life threatening viruses: nature attempts to control numbers; it desires to weed out the weak and reduce numbers.

Herd immunity against viruses has existed for thousands of years whereby the human immune system built up defences to fight off illnesses and millions have died in an effort to maintain that immunity. Today, foreign travel has become the norm and mankind mixes freely. Viruses have spread across the world as a natural progression: it followed man and his travels. We have accepted that people will die of the common flu all across the world, despite an annual inoculation being readily available and we make little fuss of that fact. For sure, just like the 'Spanish Flu' which lasted 2 years, millions could die before Covid-19 stabilises and that should also be accepted because the survivors have to build up natural defences. Eventually, the public and the UK government will start to realise, that staying in isolation is not living, it's just not dying - there is a difference - mankind will have to learn to live and

die with Covid-19 and its mutant strains. Are pandemics finished after Covid-19, I doubt it. Nature has a strange way of circumventing mankind and virus pandemics might become the norm in the future.

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