

Bio Terror Bible

EXPOSING THE COMING BIO-TERROR PANDEMIC

BIOTERRORBIBLE.COM: When a major bio-terror attack and subsequent pandemic hit the United States of America, it will most likely be executed from behind the scenes by [Ezekiel Emanuel](#), soon to be known as the “Doctor of Death”. As it currently stands, the city of [Chicago appears to be bio-terror target #1](#) with Ezekiel’s brother [Rahm Emanuel](#) in the power position of mayor. Both Emanuel brothers are dual U.S. and Israeli citizens whose father is a known Zionist terrorist who conducted attacks for the [terror state of Israel](#) who will likely provide the pathogens for the future bio-terror attack.

Israel is the only modern nation that has not signed the 1972 [Biological Weapons Convention](#) (refusal to engage in offensive biological warfare, stockpiling, and use of biological weapons). Israel is also the only modern nation that has signed but not ratified the 1993 [Chemical Weapons Convention](#) (refusal to produce, stockpile and use chemical weapons). Should a future biological terror attack hit America or any other nation, the state of Israel and its citizens will be prime suspects.

The following government and non-government agencies, institutions and organizations also appear to be intimately involved in some aspect of the upcoming bio-terror attack: [BARDA \(Biomedical Advanced Research and Development Authority\)](#), [CDC \(Center for Disease Control\)](#), [Center for Biosecurity of UPMC](#), [EIS \(Epidemic Intelligence Service\)](#), [INTERPOL \(International Criminal Police Organization\)](#), [NBACC \(National Biodefense Analysis and Countermeasures Center\)](#), [NIAID \(National Institute of Allergy & Infectious Diseases\)](#), [NIH \(National Institutes of Health\)](#), [OBFS \(Organization of Biological Field Stations\)](#), [USAMRICD \(U.S. Army Medical Research Institute of Chemical Defense\)](#), [USAMRIID \(U.S. Army Medical Research Institute of Infectious Diseases\)](#) and the [WHO \(World Health Organization\)](#).

Title: World Health Organization

Date: 2012

Source: [Wikipedia](#)

Abstract: The World Health Organization (WHO) is a specialized agency of the [United Nations](#) (UN) that acts as a coordinating authority on international [public health](#). Established on 7 April 1948, with headquarters in [Geneva](#), Switzerland, the agency inherited the mandate and resources of its predecessor, the Health Organization, which was an agency of the [League of Nations](#). It is a member of the [United Nations Development Group](#).

Title: Summary of WHO Global Pandemic Phases (WHO Global Influenza Preparedness Plan, 2005)

Date: 2005

Source: [WHO](#) (World Health Organization)

Abstract:

Interpandemic Period

Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low

Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal

influenza
virus subtype poses a substantial risk of human disease

Pandemic Alert Period

Phase 3. Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact

Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans

Phase 5. Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)
Pandemic Period

Phase 6. Pandemic phase: increased and sustained transmission in the general population

Postpandemic Period

Return to the Interpandemic Period (Phase 1) ([WHO, 2005](#)).

Title: Current WHO Phase Of Pandemic Alert For Pandemic (H1N1) 2009

Date: 2009

Source: [WHO](#) (World Health Organization)

Abstract: In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required ([WHO, 2009](#)).