



Author: cruz

Bombshell: The University of Delhi Proves Coronavirus Is The Altered HIV Acquiring Unnatural Insertions Engineered In Lab

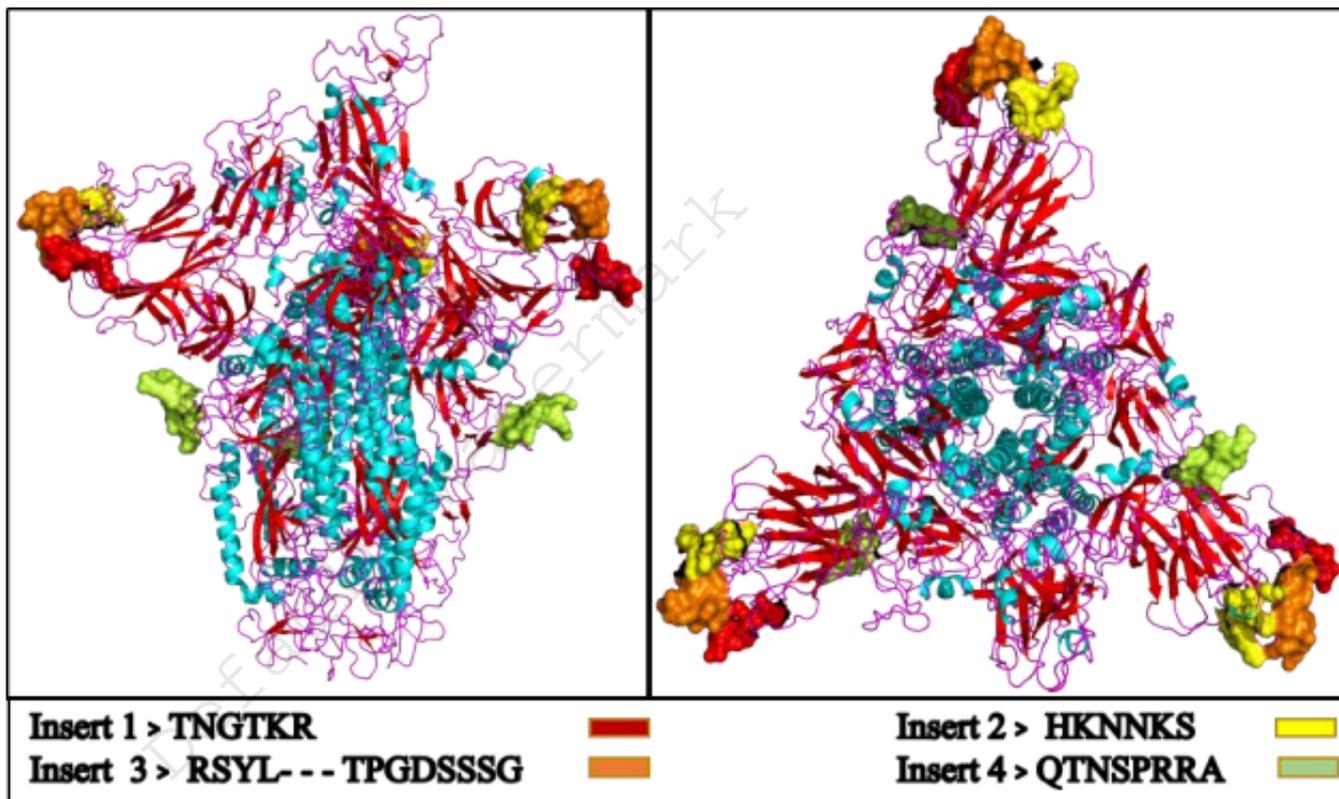


Figure 3. Modelled homo-trimer spike glycoprotein of 2019-nCoV virus. The inserts from HIV envelop protein are shown with colored beads, present at the binding site of the protein.

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Bombshell: Two undeniable documents reveal the politics behind the pandemic. People are dying therefore, what we are experiencing is NOT a hoax but the way the governments and the media are spreading panic is more ill than the illness itself. They are selling FEAR and benefiting from it on a global scale. FEAR has put the economy, the government and life of the



people on their knees. People have forgotten that FEAR cannot be the right engine for decision-making. The term “social distancing” newly entered in our vocabulary is hypocrisy as we need “physical distancing” for a while not social distance so who pushed this terminology to surf the internet?(download PDF at the bottom left of the page).....

Books about the origin of this virus are being pulled off by Amazon. Interviews about this New Delhi discovery are being cut-off on air. Why??

The best thing we can do is to read them carefully and see what is that they are hiding from us?

1-The first document (above) published here is a scientific report issued by **Kusuma School of biological sciences, Indian institute of technology, New Delhi**, titled **“Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag”**, which proves this is a biological war and some bio-engineers have intentionally altered the HIV in a lab to do exactly what the virus is doing now, meaning: shutting down the economy and the governments and also reducing the unwanted population. The University of Delhi was immediately asked to unpublish the report and we are no longer able to see it on their portal however, we were lucky to have it saved before it happens. The report proves that the Covid-19 is the altered form of the HIV and impossible to be produced in nature. The report says: *“We are currently witnessing a major epidemic caused by the 2019 novel coronavirus (2019- nCoV). The evolution of 2019-nCoV remains elusive. **We found 4 insertions in the spike glycoprotein (S) which are unique to the 2019-nCoV and are not present in other coronaviruses.** Importantly, amino acid residues in all the 4 inserts have identity or similarity to those in the HIV1 gp120 or HIV-1 Gag. Interestingly, despite the inserts being discontinuous on the primary amino acid sequence, 3D-modelling of the 2019-nCoV suggests that they converge to constitute the receptor binding site. The finding of 4 unique inserts in the 2019-nCoV, all of which have identity /similarity to amino acid residues in key structural proteins of HIV-1 is unlikely to be fortuitous in nature.”*

The article continues:

*“Uncanny similarity of novel inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag Our phylogentic tree of full-length coronaviruses suggests that 2019-nCoV is closely related to SARS CoV [Fig1]. In addition, other recent studies have linked the 2019-nCoV to SARS CoV. We therefore compared the spike glycoprotein sequences of the 2019-nCoV to that of the SARS CoV (NCBI Accession number: AY390556.1). On careful examination of the sequence alignment we found that the 2019- nCoV spike glycoprotein contains 4 insertions [Fig.2]. To further investigate if these inserts are present in any other corona virus, we performed a multiple sequence alignment of the spike glycoprotein amino acid sequences of all available coronaviruses (n=55) [refer Table S.File1] in NCBI refseq (ncbi.nlm.nih.gov) this includes one sequence of 2019-nCoV[Fig.S1]. **We found that these 4 insertions [inserts 1, 2, 3 and 4] are unique to 2019-nCoV and are not present in other coronaviruses analyzed.** Another group from China had documented three insertions comparing fewer spike glycoprotein sequences of coronaviruses . Another group from China had documented three insertions comparing fewer spike glycoprotein sequences of coronaviruses (Zhou et al., 2020)”*



proteins can be reflected as a change of host specificity of the virus. To know the alterations in S protein gene of 2019-nCoV and its consequences in structural re-arrangements we performed in-silico analysis of 2019-nCoV with respect to all other viruses. A multiple sequence alignment between the S protein amino acid sequences of 2019-nCoV, Bat-SARS-Like, SARS-GZ02 and MERS revealed that S protein has evolved with closest significant diversity from the SARS-GZ02 (Figure 1).

Insertions in Spike protein region of 2019-nCoV .

Since the S protein of 2019-nCoV shares closest ancestry with SARS GZ02, the sequence coding for spike proteins of these two viruses were compared using MultiAlin software. We found four new insertions in the protein of 2019-nCoV- “GTNGTKR” (IS1), “HKNNKS” (IS2), “GDSSSG” (IS3) and “QTNSPRRA” (IS4) (Figure 2).”

“To our surprise, these sequence insertions were not only absent in S protein of SARS but were also not observed in any other member of the Coronaviridae family (Supplementary figure). This is startling as it is quite unlikely for a virus to have acquired such unique insertions naturally in a short duration of time.”

Discussion:

The current outbreak of 2019-nCoV warrants a thorough investigation and understanding of its ability to infect human beings. Keeping in mind that there has been a clear change in the preference of host from previous coronaviruses to this virus, we studied the change in spike protein between 2019-nCoV and other viruses. We found four new insertions in the S protein of 2019-nCoV when compared to its nearest relative, SARS CoV. The genome sequence from the recent 28 clinical isolates showed that the sequence coding for these insertions are conserved amongst all these isolates. **This indicates that these insertions have been preferably acquired by the 2019-nCoV, providing it with additional survival and infectivity advantage.** Delving deeper we found that these insertions were similar to HIV-1. Our results highlight an astonishing relation between the gp120 and Gag protein of HIV, with 2019-nCoV spike glycoprotein. These proteins are critical for the viruses to identify and latch on to their host cells and for viral assembly (Beniac et al., 2006). Since surface proteins are responsible for host tropism, changes in these proteins imply a change in host specificity of the virus. **According to reports from China, there has been a gain of host specificity in case 2019-nCoV as the virus was originally known to infect animals and not humans but after the mutations, it has gained tropism to humans as well.”**

Conclusion:

“This uncanny similarity of novel inserts in the 2019- nCoV spike protein to HIV-1 gp120 and Gag is unlikely to be fortuitous. Of note, all the 4 inserts have pI values of around 10 that may facilitate virus-host interactions. Taken together, our findings suggest unconventional evolution of 2019-nCoV that warrants

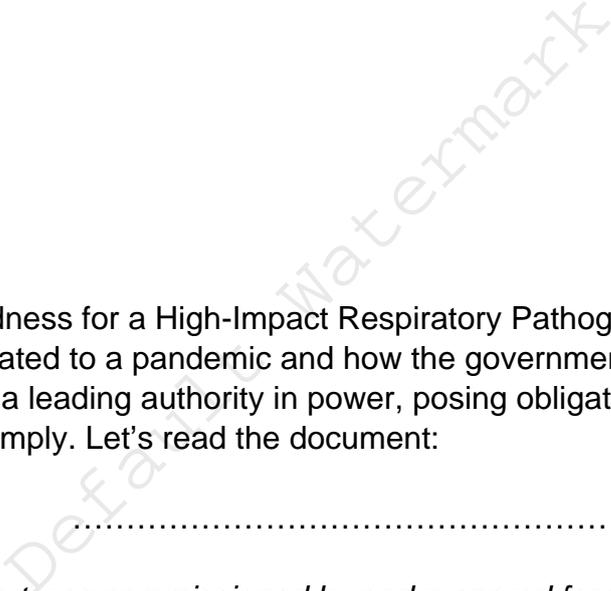


further investigation.”

2- The second document is “Preparedness for a High-Impact Respiratory Pathogen Pandemic”, issued by the Johns Hopkins Center for Health Security; the same John Hopkins institute that organized “EVENT 201” which was a joint event with the BILL & MELINDA GATES FOUNDATION to play a fictional coronavirus global pandemic held in Nov 2019, to practice various emergencies concerning the spread of a killing respiratory virus. [We discussed Event 201 in this article.](#)

As you see each one of our articles related to the Coronavirus since day one, are consistent and no new article contradicted the older ones. On the contrary, the story is unfolding and developing with each new one proving the initial precepts.

“Preparedness for a High-Impact Respiratory Pathogen Pandemic” refers to circumstances and issues related to a pandemic and how the governments and local authorities should obey the WHO as a leading authority in power, posing obligatory regulations that local governments should comply. Let’s read the document:



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“This report was commissioned by and prepared for the Global Preparedness Monitoring Board, September 2019.

Members of the World Health Organization Strategic & Technical Advisory Group for Infectious Hazards, Kerri-Ann Jones, Pandemic Influenza Preparedness Framework Advisory Group to the World Health Organization, Anne Huvos, World Health Organization,

Executive Summary: Were a high-impact respiratory pathogen to emerge, either naturally or as the result of the accidental or deliberate release, it would likely have significant public health, economic, social, and political consequences. Novel high-impact respiratory pathogens have a combination of qualities that contribute to their potential to initiate a pandemic. Ten main items with details which we have selected only one piece for each article and the reader must read all the documents carefully and thoroughly.”

1. Countries should build up their national core public health capacities.

Countries should continue to build and improve core public health capacities across the globe in accordance with International Health Regulations (IHR) core capacity obligations.



2. National and global surveillance capacities should be improved, with a focus on helping improve the management of epidemic response.

New surveillance technologies are needed to increase the capacity and speed with which highly specific surveillance and diagnostic data become available. Philanthropies and other international organizations should continue to encourage the development and uptake of molecular diagnostic testing for respiratory pathogen nucleic acids—specifically, simple, point-of-care, multiplex devices; **diagnostic tools such as microfluidic devices that can be used outside of traditional laboratories; and technologies that could facilitate tracking of patients on a large scale.**

3. Frameworks for sample and benefit sharing need to be developed that apply to high-impact respiratory pathogens beyond influenza.

physical specimens and **genetic sequencing data should be shared promptly with vaccine developers.**

4. Countries and WHO need to assess and improve health systems' readiness for infectious disease emergencies.

Countries should assess the readiness of health facilities to effectively treat patients with transmissible diseases with high case fatalities.

5. Countries and international health authorities should more fully incorporate community engagement and social science in preparedness.

Countries should incorporate community engagement into their national preparedness planning and mechanisms. Initial outreach and engagement with communities should occur before a disease outbreak.

6. Countries and WHO should develop and exercise plans for risk communication during high-impact respiratory events.

In an era of rapid exchange of information, misinformation, and disinformation, risk communication frameworks and practices should be modernized to utilize decentralized and distributive information networks, moving beyond a command and control model.

The WHO and national public affairs offices need **to embrace and invest in leading technologies and strategies** around communication in order to remain effective.

7. R&D aimed at rapid vaccine development for novel threats and distributed surge manufacturing should be a top global pandemic planning priority.



Mass vaccination strategies should be developed and put in place to increase immediate access. A standing collaboration among international organizations, national governments, and the private sector will be needed to enable and coordinate global distribution to ensure maximal effectiveness and equitable access.

8. Frameworks and plans articulating the evidence and role for nonpharmaceutical interventions need to be established.

Nonpharmaceutical interventions (NPIs) have a greater likelihood of being implemented effectively if well analyzed ahead of time than if considered ad hoc during a crisis

9. National governments should strengthen biosafety around high-impact respiratory pathogens.

Biosafety needs to become a national-level political priority, particularly for countries that are funding research with the potential to result in accidents with pathogens that could initiate high-impact respiratory pandemics.

10. National governments need to prepare for the deliberate use of a respiratory pathogen.

The United Nations (UN), WHO, and the international community will need to take steps to better understand their respective roles during a deliberate event, including greater clarity on which international agency would lead the response.

“WHAT PREVIOUS REVIEWS TELL US ABOUT PREPAREDNESS FOR HIGH-IMPACT RESPIRATORY PATHOGENS”

In addition, multiple reports have recognized that a response to a severe outbreak will increasingly need to incorporate actors from all sectors, including the private and business sectors. **Recommendations on this issue consist of engaging with private stakeholders, incorporating private-sector actors into national strategies and preparedness planning, strengthening public-private collaboration for research and development, and using the private sector and businesses for financial and technical support.***^{7,50-52,59} A review by the National Academy of Sciences specifically references the expertise the private and business sectors contain that can be utilized in response mechanisms, including operations, logistics, and supply chains.⁵² Reports have noted that the support the private sector could provide would aid national governments in their preparedness planning and benefit responding agencies in streamlining activities such as procurement processes. In addition, the World Economic Forum report that addresses the risk and impacts of future epidemics strongly advocates for public-private collaboration and provides potential models to optimize private-sector engagement. The World Economic Forum recommends building connections between in-country operators and



the public sector; expanding expert-based groups, such as the UN Clusters, to include private sector partners; and developing a platform to improve information flow and increase coordination between the private and public sectors.⁵⁰

HOW CAN THE WORLD BETTER PREPARE FOR OUTBREAKS CAUSED BY HIGH-IMPACT RESPIRATORY PATHOGENS?

Global Preparedness Mechanisms

It remains to be seen the extent to which the global preparedness system will be prepared to respond to an epidemic or pandemic event caused by a high-impact respiratory pathogen. But as observed in the 2009 pandemic, individual country needs might quickly outstrip international resources and capacities, and national interests might overtake the imperative to adhere to international agreements on sample sharing, vaccine access, and emergency medical assistance.⁶⁰ During a high-impact scenario, the limitations of current international frameworks would come into immediate focus.

The International Health Regulations

If surveillance and reporting systems can quickly detect and notify WHO of a novel respiratory pathogen that has acquired human-to-human transmissibility, global decision makers may be able to act to limit the spread of the disease by adopting evidencebased nonpharmaceutical interventions. This could, in turn, buy time to mobilize a research agenda to better understand the nature of the threat, collect and share samples, and develop medical countermeasures.

Emergency Response Mechanisms

In this new approach, WHO leads the international response to major internationally important outbreaks, and it would be the lead agency for the health response to any high-impact respiratory pathogen event. Large-scale disease outbreak response efforts require multisectoral collaboration, and so WHO closely coordinates with the broader UN humanitarian system in these responses. Mechanisms to alert relevant authorities—including the Inter-Agency Standing Committee, UN country offices, non-governmental organization (NGOs), and private-sector partners—are in place.^{73,74} This kind of coordination would be expected and critical in the response to a high-impact respiratory pandemic.*

How can this “preparadness” by John Hopkins Center who closely worked with the Bill & Melinda Gates Foundation in organizing “Fictional Coronavirus Pandemic through Event 201” can be related to novel insertions in the 2019- nCoV spike protein to HIV-1 gp120 and its **fortuitous Gag??**



It is the foundation for executing Agenda 2030. The John Hopkins Center document perfectly shows the agenda behind the Coronavirus is a GLOBAL VACCINATION with the Justification of preventing another pandemic by DIGITALIZATION the global DNA data to be able to act immediately. As we were expecting, this GLOBAL VACCINATION will be mandatory and perhaps a microchip insertion will be a part of this DIGITAL BIOSAFETY. The document also talks about the authoritarian leadership of the WHO and funding and the building-up of a SANITARY ARMY to force the nations to comply with the WHO in their mass vaccination and coming worldwide regulations.

This pandemic will change our lives as there will be numerous mandatory regulations under the mask of “preserving the public good and health”.

Stay tuned...

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