The Infectious Myth Busted Part 3: HIV Transmission Rare or Non-Existent?

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For those who believe HIV is a highly infectious “virus,” they’ve probably never seen Nancy Padian’s 1996 study which followed 176 discordant couples (1 HIV positive and the other negative) for 10 years. These couples regularly slept together and had unprotected sex. There were no HIV transmissions from the positive partner to the negative partner during the entirety of the study. A few revealing highlights:

Heterosexual Transmission of Human Immunodeficiency Virus (HIV) in Northern California: Results from a Ten-year Study

“Over time, the authors observed increased condom use ($p < 0.001$) and **no new infections.**“

“**We followed 175 HIV-discordant couples over time, for a total of approximately 282 couple-years of follow-up** (table 3). Because of deaths as well as the break-up of couples, attrition was severe; only 175 couples are represented in table 3. The longest duration of follow-up was 12 visits (6 years). **We observed no seroconversions after entry into the study.**“

“At last follow-up, couples were much more likely to be abstinent or to use condoms consistently, and were much less likely to practice anal intercourse ($p < 0.0005$ for all). Nevertheless, only 75 percent reported consistent condom use in the 6 months prior to their final follow-up visit. Forty-seven couples who remained in follow-up for 3 months to 6 years used condoms intermittently, **and no seroconversions occurred among exposed partners.**“

“In general, we estimate that infectivity for **male-to-female transmission is low, approximately 0.0009 per contact**, and that **infectivity for female-to-male transmission is even lower**.”

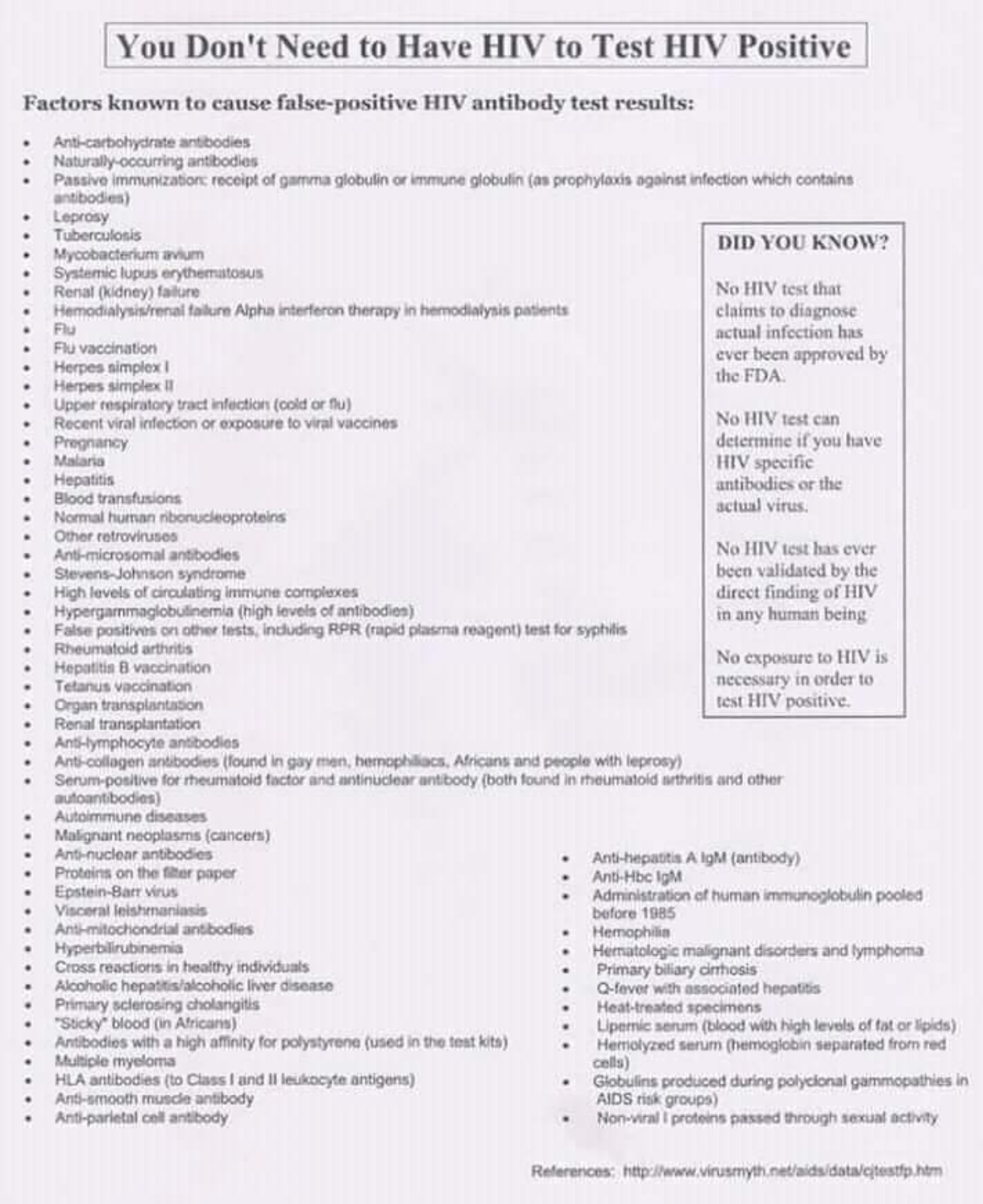
“While **lack of transmission in our prospective study** may in part be due to such unidentified protective
factors, we also observed significant behavior change over time. In previous reports (8, 14, 29), the proportion of couples who used condoms at their last follow-up prior to analysis was 100 percent; the 75 percent reported here is the lowest proportion that we have observed. The proportion of couples who would use condoms if the study were continued beyond 10 years remains unknown. Nevertheless, **the absence of seroincident infection over the course of the study cannot be entirely attributed to significant behavior change. No transmission occurred among the 25 percent of couples who did not use condoms consistently at their last follow-up nor among**

the 47 couples who intermittently practiced unsafe sex during the entire duration of follow-up. This evidence also argues for low infectivity in the absence of either needle sharing and/or cofactors such as concurrent STDs.“

doi: 10.1093/oxfordjournals.aje.a009276

padian1997Download

According to the Padian study, it is extremely difficult for this sexually transmitted disease to be transmitted ***SEXUALLY***. In fact, not a single couple who entered the study had a partner who seroconverted. For clarification, seroconversion is the measure used to determine someone positive for HIV by way of antibodies. Keep in mind that antibodies are normally used by virologists as a measure to tell someone that they are ***PROTECTED*** from a “virus” and/or a disease, not infected with it. However, this is not the case for HIV. If they detect antibodies in someone, they consider them to be infected with HIV and not protected. Makes a ton of sense, right? One other thing to keep in mind is that antibody tests are inaccurate and non-specific, which is why there are numerous conditions other than HIV that can trigger an HIV positive diagnosis:



All HIV positives are false-positives.

So Padian was unable to show any new HIV infections in discordant couples who regularly slept together during a 10-year study. That doesn't sound like a sexually transmitted disease or "virus." If HIV can not be transmitted sexually, how about through needle pricks with "infected" blood? Healthcare workers are commonly around HIV positive patients and finger pricks with "infected" blood are regularly reported. Surely there must be a high risk and rate of transmission among healthcare workers/patients who are tragically succumbing to HIV infection after accidental exposure?

Not so, according to the "trustworthy" people at the CDC. Keep in mind, these are their best case numbers/estimates:

“**Transmission of HIV to patients while in healthcare settings is rare**. However, proper sterilization and disinfection procedures are required to prevent infection risks. **Most exposures do not result in infection.**“

“Although HIV transmission is possible in healthcare settings, **it is extremely rare**.”

https://www.cdc.gov/hai/organisms/hiv/hiv.html

“Occupational HIV transmission **is extremely rare**.

Only 58 cases of confirmed occupational HIV transmission to health care personnel have been reported in the United States.”

“Based on the most recent data available in December 2013. Of these, **only 1 confirmed case has been reported since 1999**.”

https://www.cdc.gov/hiv/workplace/healthcareworkers.html

“Health care workers who are exposed to a needlestick involving HIV-infected blood at work **have a 0.23% risk of becoming infected**. In other words, 2.3 of every 1,000 such injuries, if untreated, will result in infection. Risk of exposure due to splashes with body fluids **is thought to be near zero even if the fluids are overtly bloody**. Fluid splashes to intact skin or mucous membranes **are considered to be extremely low risk of HIV transmission, whether or not blood is involved**.”

https://www.cdc.gov/hai/organisms/hiv/hiv.html

Sexual transmission in Padian study: 0%.

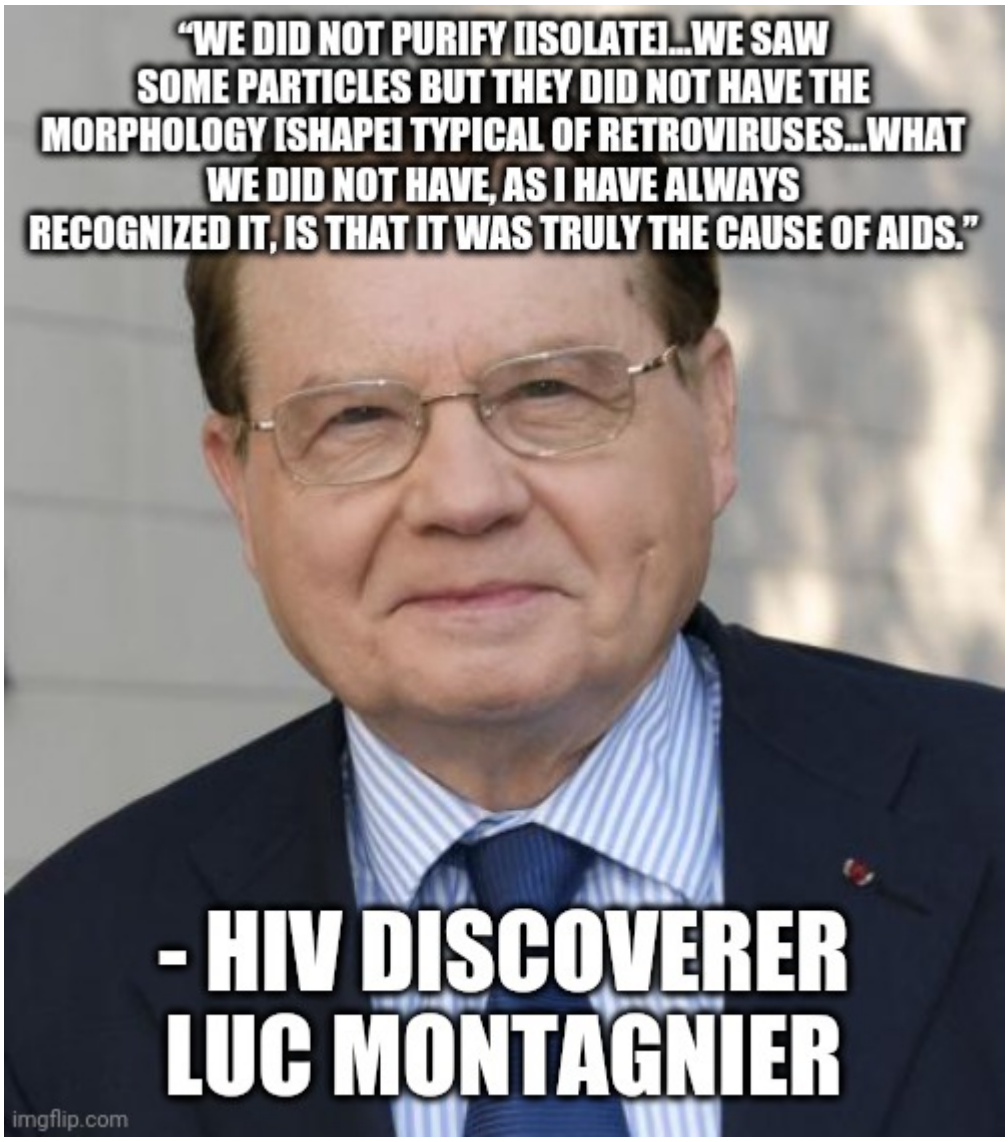
Needleprick transmission among healthcare workers: 0.23% risk

In the over 30+ years HIV has been around, the CDC can only claim 58 healthcare workers were infected with HIV from needlepricks of “infected” blood *with only one of those occuring since 1999*! This should make it very clear that HIV can not be transmitted through the injection of “infected” blood.

Another interesting fact to keep in mind is that it is also not guaranteed that those who are labelled with an HIV diagnosis will ever develop AIDS:

“AIDS experts at Johns Hopkins say they have compelling evidence that some people with HIV who for years and even decades show extremely low levels of the virus in their blood **never progress to full-blown AIDS and remain symptom free even without treatment**, probably do so because of the strength of their immune systems, not any defects in the strain of HIV that infected them in the first place.”

https://www.sciencedaily.com/releases/2008/08/080812064347.htm



Luc Montagnier

This lines up quite a bit with what HIV Discoverer Luc Montagnier has admitted in numerous interviews:

"**There are too many shortcomings in the theory that HIV causes all signs of AIDS.** We are seeing people HIV-infected for 9, 10, 12 years or more, and they are still in good shape, their immune system is still good. **It is unlikely that these people will come down with AIDS later.**"

"HIV is **neither necessary nor sufficient** to cause AIDS."

VI Int'l AIDS Conference, Jun 24 1990

"AIDS does not inevitably lead to death, especially if you suppress the co-factors that support the disease. It is very important to tell this to people who are infected…. **I think we should put the same weight now on the co-factors as we have on HIV.**"

"Psychological factors are critical in supporting immune function. If you suppress this psychological support by telling someone he's condemned to die, **your words alone will have condemned him.**"

“**We did not purify [isolate]**…We saw some particles but they did not have the morphology [shape] typical of retroviruses … They were very different …**what we did not have, as I have always recognized it, is that it was truly the cause of AIDS.**”

Interview with Djamel Tahi-1997

— Dr. Luc Montagnier, Virologist, co-discoverer of HIV, Pasteur Institute, Paris

http://aras.ab.ca/aidsquotes.htm

Quotes from the interview linked below:

“There are many ways to decrease the transmission of HIV just by utilising simple measures such as **nutrition, giving antioxidants, hygiene measures and fighting the other infections** that are present in patients.”

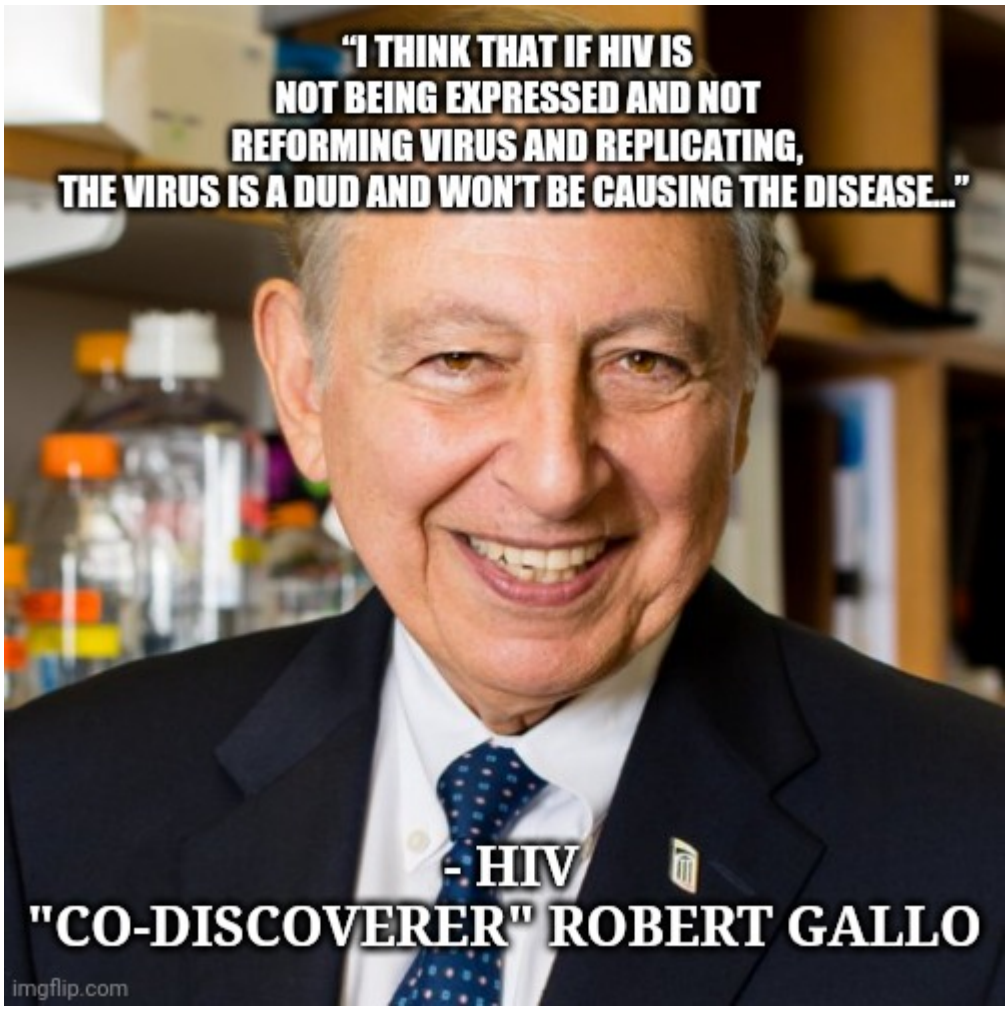
“If you have a good immune system **your body can get rid of HIV naturally**.”

“**We should push for combinations of measures, such as antioxidants; nutrition advice; nutrition**; fighting the other infections that are present in patients such as malaria, tuberculosis, parasitosis and worms; education and promoting genital hygiene.”

“People always think of drugs and vaccines **because there is no profit in nutrition.**“

“If you take a poor African patient who has been infected with HIV and you build up their immune system **it should also be possible for them to get rid of HIV naturally.**“

“All of the above constitutes **important knowledge which has been completely neglected.**“



Robert Gallo

And just for fun, a few quotes from the disgraced American "Co-Discoverer" of HIV Robert Gallo:

"Peter Duesberg **knows more about retroviruses than any man alive**." Spin, June 1992

"…He (Peter Duesberg) doesn't believe HIV causes the disease…**I can't win that debate. Rational people learn not to debate such things.**"

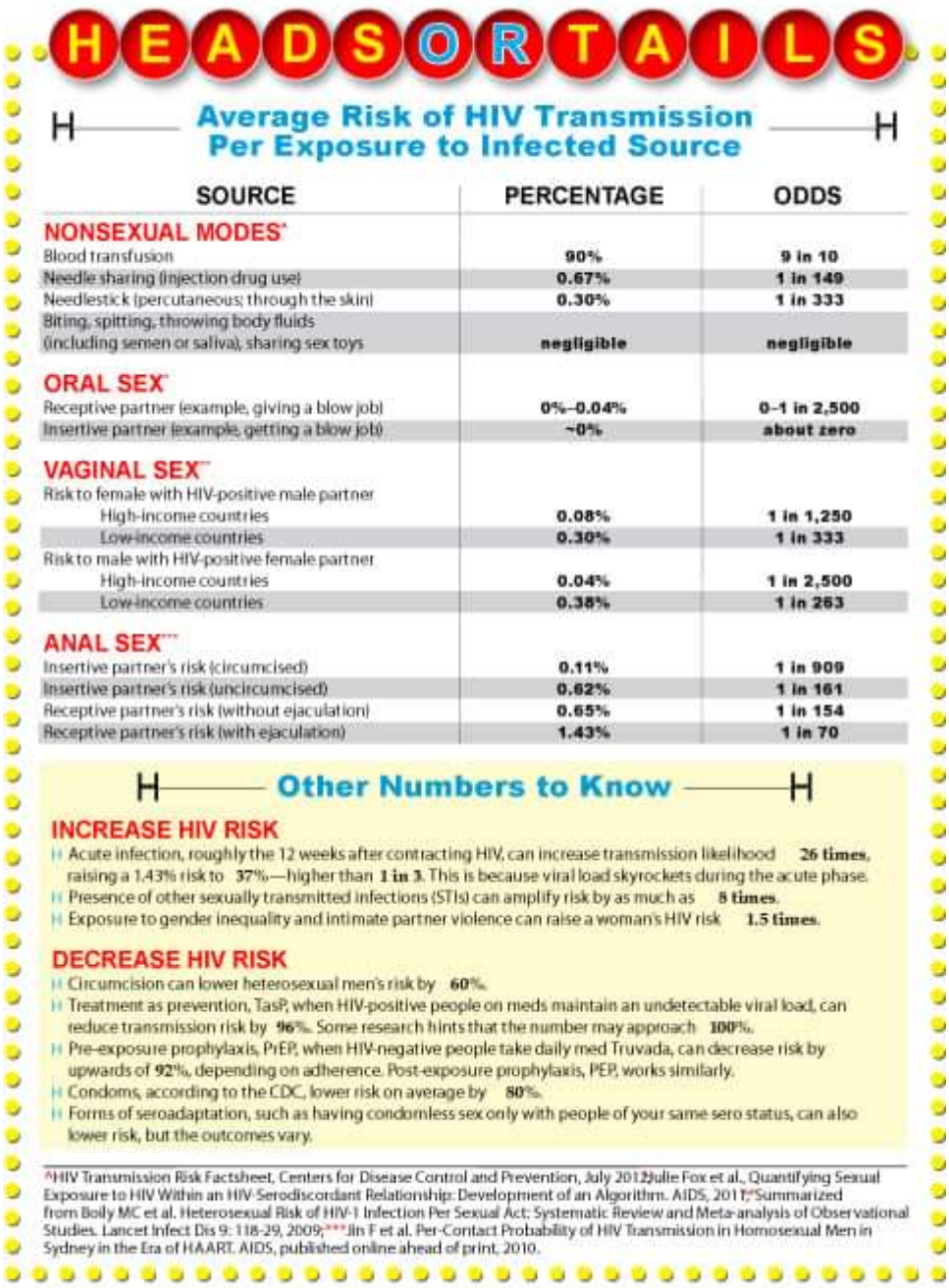
NYU Medical Center, Interview with Robert Gallo by James M. Scutero Nov 11, 1993

"I think that if HIV is not being expressed and not reforming virus and replicating, **the virus is a dud and won't be causing the disease…**"
Spin, Oct 1994

— Dr. Robert Gallo, co-discoverer of HIV

It seems that the men credited with the discovery of HIV are in agreement that their "virus" is not sufficient to cause AIDS. It's amazing the things that are admitted out loud by these researchers yet never reported in the mainstream media.

Finally, notice a few things in the image below:



HEADSORTAILS

Average Risk of HIV Transmission Per Exposure to Infected Source

SOURCE	PERCENTAGE	ODDS
NONSEXUAL MODES*		
Blood transfusion	90%	9 in 10
Needle sharing (injection drug use)	0.67%	1 in 149
Needlestick (percutaneous; through the skin)	0.30%	1 in 333
Biting, spitting, throwing body fluids (including semen or saliva), sharing sex toys	negligible	negligible
ORAL SEX†		
Receptive partner (example, giving a blow job)	0%–0.04%	0–1 in 2,500
Insertive partner (example, getting a blow job)	~0%	about zero
VAGINAL SEX‡		
Risk to female with HIV-positive male partner		
High-income countries	0.08%	1 in 1,250
Low-income countries	0.30%	1 in 333
Risk to male with HIV-positive female partner		
High-income countries	0.04%	1 in 2,500
Low-income countries	0.38%	1 in 263
ANAL SEX§		
Insertive partner's risk (circumcised)	0.11%	1 in 909
Insertive partner's risk (uncircumcised)	0.62%	1 in 161
Receptive partner's risk (without ejaculation)	0.65%	1 in 154
Receptive partner's risk (with ejaculation)	1.43%	1 in 70

Other Numbers to Know

INCREASE HIV RISK

- Acute infection, roughly the 12 weeks after contracting HIV, can increase transmission likelihood **26 times**, raising a 1.43% risk to **37%**—higher than **1 in 3**. This is because viral load skyrockets during the acute phase.
- Presence of other sexually transmitted infections (STIs) can amplify risk by as much as **8 times**.
- Exposure to gender inequality and intimate partner violence can raise a woman's HIV risk **1.5 times**.

DECREASE HIV RISK

- Circumcision can lower heterosexual men's risk by **60%**.
- Treatment as prevention, TasP, when HIV-positive people on meds maintain an undetectable viral load, can reduce transmission risk by **96%**. Some research hints that the number may approach **100%**.
- Pre-exposure prophylaxis, PrEP, when HIV-negative people take daily med Truvada, can decrease risk by upwards of **92%**, depending on adherence. Post-exposure prophylaxis, PEP, works similarly.
- Condoms, according to the CDC, lower risk on average by **80%**.
- Forms of seroadaptation, such as having condomless sex only with people of your same sero status, can also lower risk, but the outcomes vary.

^HIV Transmission Risk Factsheet, Centers for Disease Control and Prevention, July 2012. †Julie Fox et al., Quantifying Sexual Exposure to HIV Within an HIV-Serodiscordant Relationship: Development of an Algorithm. AIDS, 2011. ‡Summarized from Boily MC et al. Heterosexual Risk of HIV-1 Infection Per Sexual Act: Systematic Review and Meta-analysis of Observational Studies. Lancet Infect Dis 9: 118-29, 2009; §Jin F et al. Per-Contact Probability of HIV Transmission in Homosexual Men in Sydney in the Era of HAART. AIDS, published online ahead of print, 2010.

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- Men (1 in 2500) and women (1 in 1250) have different odds of being “infected”
- The odds of infection change based on a country’s income level
- Gender inequality and intimate partner violence raises a woman’s risk
- Circumsion somehow reduces the risk for males

Seriously. This is what they want you to believe. This is the highly dangerous sexually transmitted disease that is sexist, economically aware, targets women suffering from gender inequality and partner violence, and yet it can not figure out how to infect a circumcised penis.

In Summary:

- The Padian studyfollowed 175 HIV-discordant couples over time, for a total of approximately 282 couple-years of follow-up

- They observed **no seroconversions after entry** into the study
- **No seroconversions occurred among exposed partners**
- They estimated male-to-female transmission is low, **approximately 0.0009 per contact**, and that infectivity for female-to-male transmission is **even lower**
- The absence of seroincident infection over the course of the study could not be entirely attributed to significant behavior change
- No transmission occurred among the 25 percent of couples who did not use condoms consistently at their last follow-up nor among the 47 couples who intermittently practiced unsafe sex during the entire duration of follow-up
- This evidence also argues for **low infectivity** in the absence of either needle sharing and/or cofactors such as concurrent STDs
- HIV tests use antibodies to determine infection/positivity yet this is the exact opposite of every other “virus” for which antibodies equal “protection”
- HIV antibodies are non-specific and the tests can be triggered by numerous conditions such as tuberculosis, malaria, upper respiratory tract infections, pregnancy, and naturally-occuring antibodies
- CDC admits transmission of HIV to patients while in healthcare settings **is rare and most exposures do not result in infection**
- They claim that although HIV transmission is possible in healthcare settings, **it is extremely rare**
- **Only 58 cases** of confirmed occupational HIV transmission to health care personnel have been reported in the United States with only 1 occuring since 1999
- Health care workers who are exposed to a needlestick involving HIV-infected blood at work **have a 0.23% risk of becoming infected**
- Risk of exposure due to splashes with body fluids **is thought to be near zero even if the fluids are overtly bloody**
- Fluid splashes to intact skin or mucous membranes **are considered to be extremely low risk of HIV transmission, whether or not blood is involved**
- According to Johns Hopkins AIDS experts, they have compelling evidence that some people with HIV who for years and even decades show extremely low levels of the “virus” in their blood **never progress to full-blown AIDS and remain symptom free even without treatment**

- According to HIV Discoverer Luc Montagnier:
    1. There are too many shortcomings in the theory that HIV causes all signs of AIDS
    2. It is unlikely that these people will come down with AIDS later
    3. HIV is **neither necessary nor sufficient** to cause AIDS
    4. We should put the same weight now on the co-factors as we have on HIV
    5. Psychological factors suppress immune function and if you tell someone they will die, **your words alone will have condemned him**
    6. **He did not purify [isolate]** particles believed to be HIV and saw some particles that did not have the morphology [shape] typical of retroviruses
    7. He believes they **did not have the true the cause of AIDS**
    8. He believes HIV transmission can be reduced through nutrition, giving antioxidants, hygiene measures and fighting the other infections
    9. If you have a good immune system **your body can get rid of HIV naturally**
    10. He believes we should push for combinations of measures, such as antioxidants; nutrition advice; nutrition; fighting the other infections that are present in patients such as malaria, tuberculosis, parasitosis and worms; education and promoting genital hygiene
    11. People always think of drugs and vaccines **because there is no profit in nutrition**
    12. If you build up a person's immune system, **it should also be possible for them to get rid of HIV naturally**
- According to disgraced HIV "Co-Discoverer" Robert Gallo:
    1. Peter Duesberg **knows more about retroviruses than any man alive**
    2. Peter Duesberg doesn't believe HIV causes the disease and Gallo says he himself **can't win that debate with Duesberg**
    3. If HIV is not being expressed and not reforming "virus" and replicating, **the "virus" is a dud and won't be causing the disease**
- Men (1 in 2500) and women (1 in 1250) have different odds of being "infected"
- The odds of infection change based on a country's income level
- Gender inequality and intimate partner violence raises a woman's risk
- Circumsion somehow reduces the risk for males

While all of this is very compelling evidence against the transmission of a "virus" known as HIV as well as this "virus" not being the cause of AIDS, nearly everything in this post is a moot point based on one simple quote I shared from one of the HIV discoverers.

Can you guess which one?