

# Next PLANDEMIC? CDC warns Marburg virus is coming



The Centers for Disease Control and Prevention (CDC) warned that [the next “plandemic” in the form of the Marburg virus](#) will soon arrive.

Its warning followed an outbreak of Marburg virus disease (MVD) in two African nations – Equatorial Guinea in West Africa and Tanzania in East Africa. The CDC responded by sending its National Center for Emerging and Zoonotic Infectious Diseases in both countries. It also urged travelers in the two countries to avoid contact with sick people and healthcare facilities in affected areas, and to watch for symptoms for three weeks after leaving.

According to the public health agency, MVD can spread through the *“blood or body fluids of a person infected with or who has died from”* the disease. Aside from these, the virus can also spread by means of contaminated objects or by contact with animals such as bats.

Clinical diagnosis of MVD can be difficult, especially if only one case is involved. This is because many of the symptoms of MVD are similar to those found in other diseases such as malaria, typhoid fever, Lassa fever or Ebola.

The *World Health Organization* (WHO) confirmed an MVD outbreak in Tanzania, with eight official cases and five fatalities. It also confirmed a similar situation in Equatorial Guinea with nine official cases of MVD and an additional 20 probable cases, all of whom have died.

According to the global health body, three of the affected provinces in Equatorial Guinea – Kie-Ntem, Litoral and Centre Sur – “have international borders with Cameroon and Gabon.” The WHO continued: *“Cross-border population movements are frequent, and the borders are very porous. Although no MVD cases have been reported outside Equatorial Guinea the risk of international spread cannot be ruled out.”*

#### **Another vaccine in the works for the plandemic**

*“Although no vaccines or antiviral treatments are approved to treat the virus, supportive care [through] re-hydration with oral or intravenous fluids and treatments of specific symptoms improve survival,”* the WHO remarked. *“A range of potential treatments are being evaluated – including blood products, immune therapies and drug therapies.”*

The National Institutes of Health (NIH) reported in January that human trials for an MVD vaccine appear *“promising.”* However, one cannot help but be skeptical given that the NIH also played a part in the development of the Wuhan coronavirus (COVID-19) vaccine associated with a myriad of harms.

[A press release from the NIH](#) expounded on the MVD vaccine, which used a *“modified chimpanzee adenovirus”* and *“a glycoprotein found on the surface of”* the Marburg virus to induce an immune response. The injection was developed at the Vaccine Research Center of the National Institute of Allergy and Infectious Diseases (NIAID), under the NIH. Prior to his retirement in December 2022, infectious disease expert Dr. Anthony Fauci served as NIAID director. (Related: [Fauci Virus: Shocking new evidence proves covid-19 began with Dr. Anthony Fauci and NIAID.](#))

The NIH press release claimed that *“there were no serious adverse events”* during the vaccine trial and *“the experimental vaccine was well-tolerated.”* It also claimed that the MVD vaccine *“appeared to induce strong, long-lasting immunity”* – with 95 percent of trial participants exhibiting a robust antibody response after vaccination and 70 percent maintaining that robust response beyond 48 weeks.

*“The vaccine developed by researchers at the NIAID ... could someday be an important tool to respond to Marburg virus outbreaks,”* the press release stated. However, a report from *En-Volve* begged to differ: *“If this becomes a widespread problem, it’s going to be hard to imagine it’s not another scamdemic.”*

Marburg virus causes the Marburg Virus Disease, formerly known as Marburg hemorrhagic fever. The virus, which belongs to the same family as the Ebola virus, causes severe viral hemorrhagic fever in humans with an average case fatality rate of around 50%. It has varied between 24% to 88% in different outbreaks depending on virus strain and case management.

It was first reported in 1967 in a town called Marburg in Germany and in Belgrade, Yugoslavia (now Serbia). There were simultaneous outbreaks in both cities. It came from monkeys imported from Uganda for laboratory studies in Marburg. The laboratory staff got infected as a result of working with materials (blood, tissues and cells) of the monkeys. Of 31 cases associated with these outbreaks, seven people died.

After the initial outbreaks, other cases have been reported in different parts of the world. Most were in Africa – Uganda, the Democratic Republic of Congo, Kenya, South Africa, and more recently in Guinea and Ghana. Serological studies have also revealed evidence of past Marburg virus infection in Nigeria.

While the host, or reservoir, of the virus is not conclusively identified, the virus has been associated with fruit bats. In 2008, two independent cases were reported in travelers who had visited a cave inhabited by Rousettus bat colonies in Uganda.

How is it spread?

It is spread through contact with materials (fluids, blood, tissues and cells) of an infected host or reservoir. In the case of the monkeys from Uganda imported into Marburg, laboratory staff obviously got infected through contact with the tissues and the blood of the monkeys.

There can also be human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials. This includes materials like bedding, and clothing contaminated with these fluids.

But there's a great deal we don't know: For example, whether contact with bat droppings in caves can cause infections in people.

What are the symptoms? And how bad can they be?

After an incubation period of between 2 to 21 days, there is a sudden onset of the disease marked by fever, chills, headache, and myalgia.

Around the fifth day after the onset of symptoms, maculopapular rash, most prominent on the trunk (chest, back, stomach), may appear. Nausea, vomiting, chest pain, a sore throat, abdominal pain, and diarrhea may appear. Symptoms become increasingly severe and can include jaundice, inflammation of the pancreas, severe weight loss, delirium, shock, liver failure, massive hemorrhaging, and multi-organ dysfunction.

The mortality is around 50%, and could be as high as 88% or as low as 20%.

This tells us it's quite a severe infection. The two people infected in Ghana both died.

Can it be treated?

Not really, but early supportive care with rehydration, and symptomatic treatment, improves survival.

What can people do to protect themselves?

Avoid exposure to the virus as much as possible, and protect against discharges from infected people.

Also, because of the similarities in the symptoms of many hemorrhagic fever diseases, especially during the early stages, there is a need for reliable laboratory confirmation of a case of Marburg virus infection. And once that is done – as with Ebola – the person must immediately be isolated and avoid contact with other people.

Visit [Outbreak.news](https://www.outbreak.news) for more stories about the Marburg virus and MVD.

Watch Attorney Todd Callender report that warns Maria Zee that [Marburg is the next "plandemic"](#) below.

This video is from the [?????? ?????????? channel on Brighteon.com](#).

#### **More related stories:**

[Marburg virus kills 5 in Tanzania; over 100 feared to be infected.](#)

[CDC issues warning about traveling to Tanzania and Equatorial Guinea due to outbreaks of Marburg virus.](#)

[Black Death and incurable Marburg Virus now spreading across Africa's cities... world's medical system helpless to stop it.](#)

[The Prather Point: Disaster looms as Marburg virus may have been released through COVID-19 vaccine payloads – Brighteon.TV.](#)

[CLAIM: Covid vaccines installed Marburg "payloads" in human victims; 5G broadcast signal will activate the bioweapon, unleashing the next raging pandemic.](#)

Attorney Todd Callender was the first to report the presence of Marburg "payloads" in U.S. military personnel that had been vaxxed for Covid-19 and that it would be later activated through **5G** Wireless EMF/EMR. Todd Calendar has been representing 400,000 active duty, reserve and National Guard military personnel and veterans in a legal suit against the Pentagon DoD mandate. As a result of that relationship, whistleblowers inside the military had informed Attorney Callender of classified leaks confirming that the Covid-19 are pre-loaded with several other pathogens including HIV1, SARS2, Ebola, Marburg, and E-Coli. These walking "bomblets" as they are

described will be activated through a **5G** pulsed frequency; and rupture at a future unknown time once activated by **5G** Wi-Fi EMF/EMR at the 18-GHz frequency and at an interval of three times spaced one minute apart. No one will be the wiser when the “switch is thrown!” There will be no “smoking” gun evidence.

The specific 18-GHz frequency will cause the nanoparticles to boil and rupture, thus releasing their “kill shot” pathogens into those already vaxxed with the mandatory vaxxes. Attorney Callender pointed out that after the House of Representatives threatened to block passage of the military budget if the mandate was not withdrawn; that it was a toothless gesture, since all military personnel are mandated to take a yearly flu shot. Attorney Callender has stated that all injectable medicines now contain the mRNA spike protein that will wear down the human immune system.

When the “switch is thrown” at an unknown date on sufficient **5G** roll out, the die-off will appear naturally and begin to exponentially explode with no warning on what is about to happen. Death and illness will unleash the panic of the vaxxed!

As of early April, 2023, there are 132,000 **5G** base stations around the world. The last time I checked a little more than a year ago there were 85,000 facilities worldwide. The role out of **5G** has been unaffected by the hoaxed Covid virus that is really a “bioweapon” being used as a feint-distraction from the larger asymmetrical steps of war. The definition of a “feint”: is a mock attack or deceptive movement that you make to distract or confuse an opponent. A “feint” is used in sports like football or basketball; however, but its greatest use is found in war time on the battlefield!

Even with 80% of the world’s population already vaxxed to this point in time, there is no way of telling how many or how few received either a placebo or none of the nanoparticles that have been found by scientists. Former CIA Dr. Joseph Giordano is on record by saying you can create so much havoc and confusion by poisoning a small group here and there over an entire city, or state, or country. Like what the military insiders have leaked to Attorney Todd Callender the victims’ distribution is or could be so randomly selected to cause no alarm throughout the general population. In the U.S. we know that at least **269,965,210** people or **81%** of the population have received at least one dose. Overall, **230,368,815** people or **69%** of the population are considered fully vaccinated.

The element of **5G** EMF/EMR wireless energy remains elusive to most of the world and becomes like a snake in the grass ready to strike its unsuspecting victims.

Since both Bill Gates and Dr. Anthony Fauci have said the next virus would be worse and more lethal; and given their past prediction accuracy this should not be taken lightly and could see a repeat of the 2020/2021 lockdown and Medical Martial Law under the WHO Pandemic policy slated for vote in a matter of weeks to months. Remember, the Covid-19 pandemic was declared based upon the claim of only 3 cases in 3 different countries. Marburg and Ebola outbreaks have resulted in the most stringent of restrictions. Here we go once again!

Pastor Bob, [EvanTeachr@aol.com](mailto:EvanTeachr@aol.com)  
[www.pastorbobreid.com](http://www.pastorbobreid.com)