



U.S. Centers for Disease Control and Prevention
INTERNAL REPORT – NOT FOR PUBLIC DISTRIBUTION
Report ID: CDC-PAD25-0425
Date: April 25, 2025
Subject: *Preliminary Clinical and Epidemiological Overview of PAD-25 and Associated Neurosurgical Interventions*

Classification: LEVEL 4 – Confidential | Biothreat Response

Pathogen: PAD-25 (*Penetrating Abdominal Disease, 2025*)
Type: Parasitic Neuroinvasive Pathogen
Transmission Vector:

- Fecal-oral route
 - Contaminated water sources
 - [REDACTED]
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1. Clinical Presentation

Initial symptoms: cramping, nausea, fever. By Day 6–10:

- Cognitive fragmentation
- Auditory hallucinations
- [REDACTED]
- Dissociative episodes

Neuroimaging reveals decay along the [REDACTED].

2. Pathogen Behavior

PAD-25 exhibits high mutation rates and [REDACTED].
DNA sequence resembles [REDACTED]

No stable vaccine candidate identified.

3. Lobotomy Intervention

Procedure Code: NV-RP01

Method: Bilateral transorbital lobotomy

Intended Outcome: Block parasite access to [REDACTED]

Results inconclusive. Some report:

- Loss of identity
- Visions of [REDACTED]
- Acceptance of infection as "awakening"

Unlicensed procedures now common. Survivors refer to themselves as:

“The Reborn”

“Cleansed Minds”
[REDACTED]

4. Ethical and Containment Concerns

Lobotomy is widely adopted despite no measurable success.

Black market operators are [REDACTED].

Ritualized lobotomies have been observed. Believers claim [REDACTED] post-operation.

5. Recommendation

- Full containment of [REDACTED]
 - Emergency intervention by [REDACTED]
 - Cease all non-clinical lobotomy
 - Investigate reports of [REDACTED] found near former hospitals
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End of Report