Biden Begins Vaccinating Kids Under 5

Early last week, Biden's Covid Response Coordinator, Dr. Ashish Jha, announced during a briefing in the West Wing that, assuming the Food and Drug Administration (FDA) give the green light, they expect to start administering vaccines to children under 5 on June 21[1].

On June 17th, that FDA approval was granted, paving the way for their June 21st rollout for America's youngest children.

This newest initiative begs two questions, 1) how bad is the Covid-19 crisis hitting children right now? and 2) how "safe & effective" is the vaccine?

The first step to answering these questions is to contextualize how dangerous the coronavirus is to children from 6 months to 5 years old. The closest comparison for Covid for most age groups has been influenza, we will continue to use that as a measuring stick.

The last full flu season, which runs from October through April, we have data from was the 2019-2020 season. According to the Center for Disease Control's (CDC) data, in this flu season, a total of 81 children from 0-4 years old died from the disease[2]. This season tied for the highest number of pediatric flu deaths on record according to the CDC.

An unbelievable coincidence occured in the 2020-2021 flu season – it all but disappeared. After over a century of regular epidemics of influenza, there were almost no pediatric cases, hospitalizations, or deaths[3].

This is noteworthy because some have hypothesized this phenomenon was due to the fixation of healthcare providers on

Covid-19 during that time, and that pediatric flu cases were misdiagnosed as the coronavirus, which could artificially inflate the numbers you are about to see.

Another way case numbers were manipulated were the categorization of this data. When it comes to Covid data the CDC aggregates it from January of 2020 to inflate the numbers rather than using the 6-month "season" method of flu data[4].

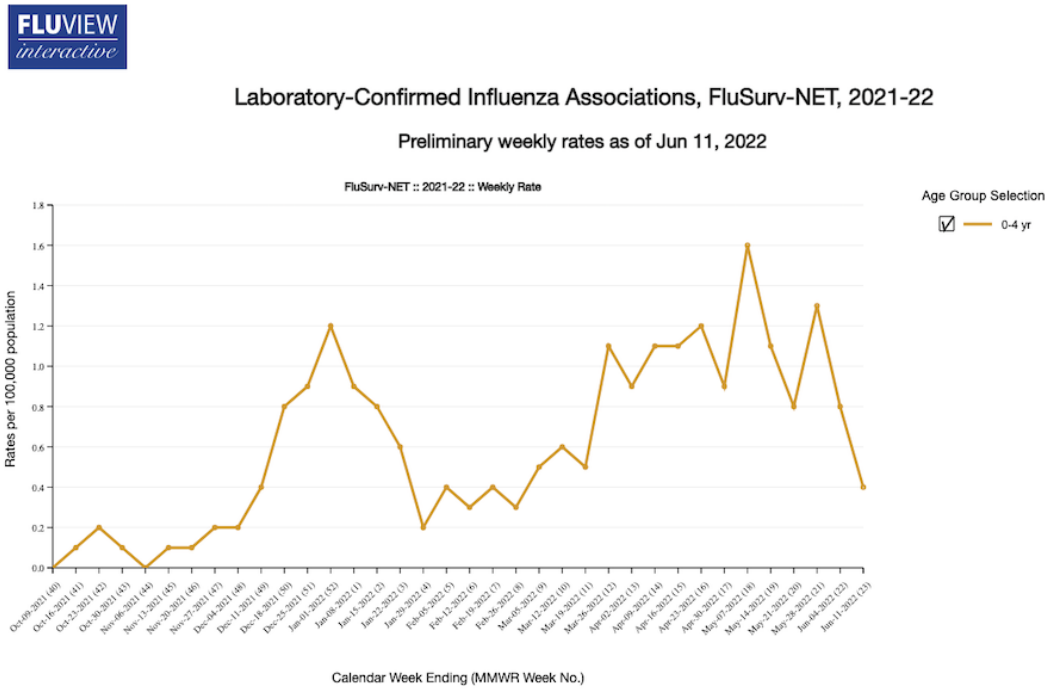
With that context, what are the numbers between flu and covid, and is the breathless fixation on Covid as a threat to children justified?

According to the CDC, 442 children between the ages of 0-4 have died of Covid-19 in the United States in the two and a half years since covid was first reported, or 3.4 per week on average[5]. How does this compare to other similar respiratory viral infections?

From October 2019 through March 2020 (5 months) the CDC reports 81 pediatric flu deaths of children between 0 and 4 years old, or approximately 4 per week[6]. So right before Covid struck, the flu killed slightly more children under the age of 5 per week, what about after Covid hit?

This is where an interesting anomaly strikes. As I mentioned earlier, Flu cases all but disappeared following the onset of the Covid-19 pandemic. Here are the CDC's graphs for the last

4 flu seasons:



The Influenza Hospitalization Surveillance Network (FluSurv-NET) data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to reporting delays. As data are received each week, prior case counts and rates are updated accordingly. FluSurv-NET conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations in children <18 years of age and adults. The FluSurv-NET catchment area includes selected counties in California, Colorado, Connecticut, Georgia, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah. Additional counties in Idaho (2010 to 2011), Iowa (2012 to 2013, 2020-present), Oklahoma (2010 to 2011), and Rhode Island (2010 to 2013) have also contributed to the network. Incidence rates (per 100,000 population) are calculated using the National Center for Health Statistics' (NCHS) vintage bridged-race postcensal population estimates for the counties included in the surveillance catchment area. The rates provided are likely to be underestimated as influenza-associated hospitalizations might be missed due to test availability and provider or facility testing practices. In all influenza seasons except 2009-10 and 2021-22, rates reflect cases hospitalized during October 1 - April 30 of each influenza season. Cases hospitalized during MMWR Week 39 are included in the totals for MMWR Week 40, while cases hospitalized during MMWR Week 18 are included in the totals for MMWR Week 17. In 2009-10, rates reflect cases hospitalized during Sept 1 2009 through April 30 2010 (MMWR Week 35 - MMWR Week 17). In 2021-22, rates reflect cases hospitalized beginning October 1 2021, but given late influenza season activity, the season was extended beyond April 30 2022.

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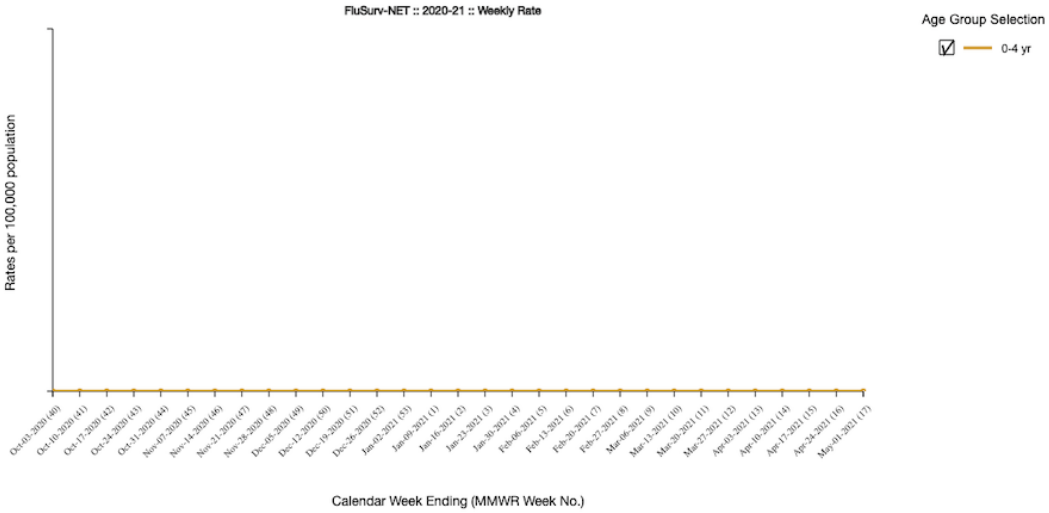
FLUVIEW interactive

Laboratory-Confirmed Influenza Associations, FluSurv-NET, 2020-21

Weekly rates as of Jun 11, 2022



Calendar Week Ending (MMWR Week No.)

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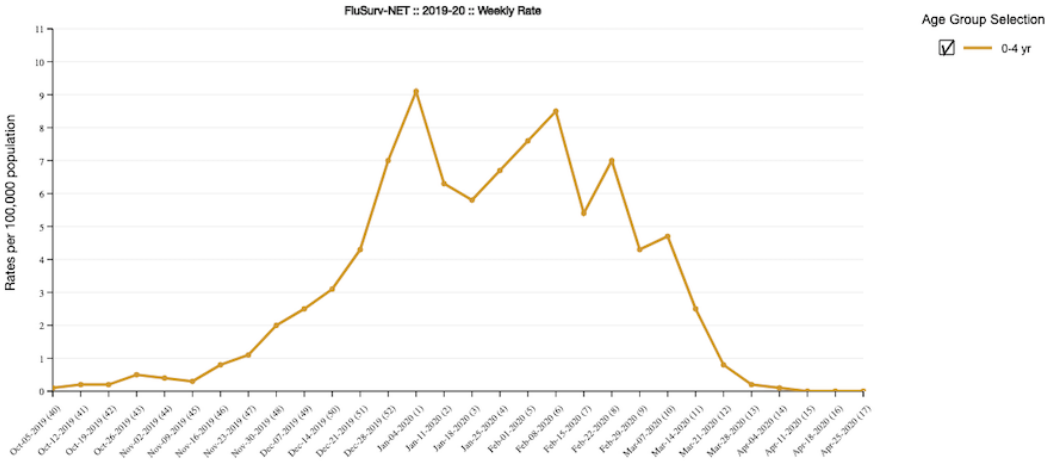
FLUVIEW interactive

Laboratory-Confirmed Influenza Associations, FluSurv-NET, 2019-20

Weekly rates as of Jun 11, 2022



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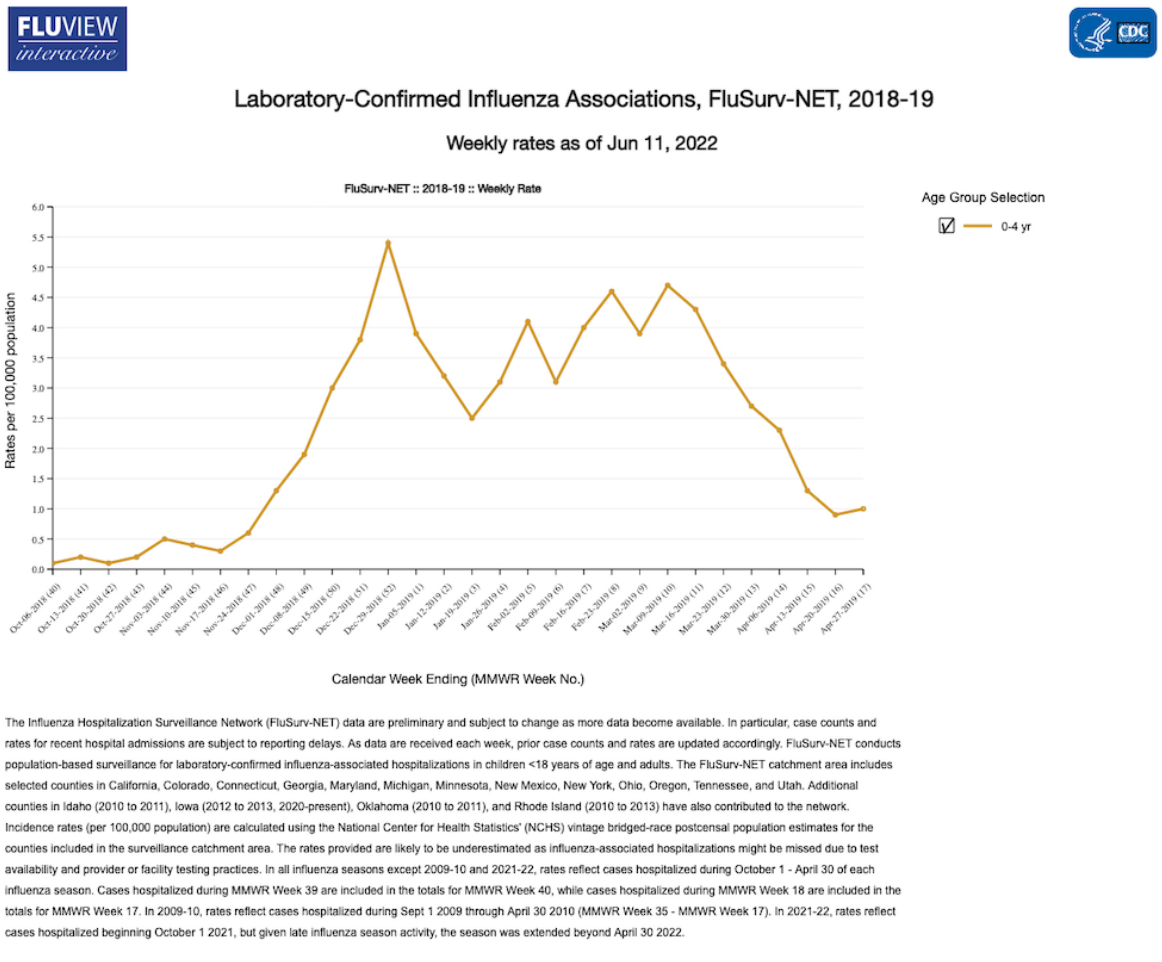


It is fair to say that there is no statistically significant difference in the danger posed to under 5-year-olds between Covid-19 and Influenza, so what about the vaccine?

It should be noted, that almost any risk associated with the vaccine would mean it would be ill-advised for this age group given their negligible risk from Covid-19.

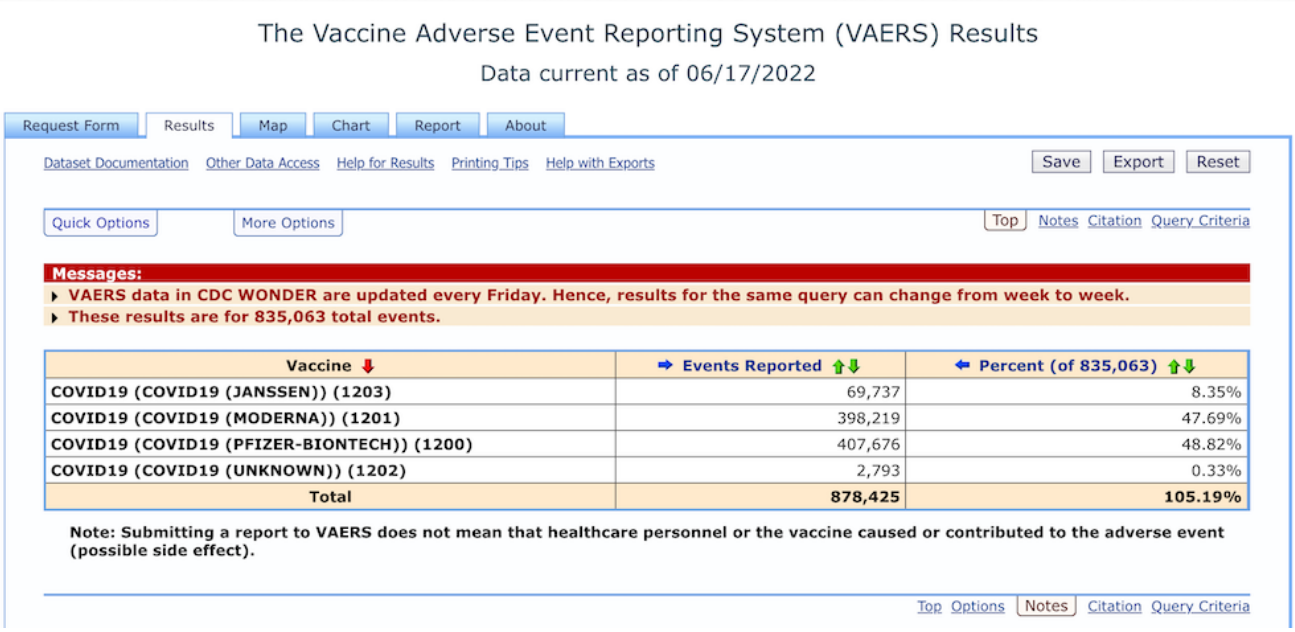
As Israeli National News reported as long ago as last summer,

The FDA report, however, revealed a larger number of deaths by all causes in both groups, with 17 deaths among the control group and 21 in the vaccinated cohort.

The relative difference in all-cause deaths between the two cohorts amounts to 23.5%, though the absolute number of deaths was small – 38 total for all participants in the trial.[7]

The list of negative side effects associated with the Covid-19 vaccine is long, however rare, and it includes: Myocarditis[89], Pericarditis[10], AIDs[11], Haemophilia A[12], Pediatric Cancer[13], Creutzfeldt-Jakob Disease[14], Thrombotic Thrombocytopenia[151617], Cardiovascular Events <40[18], Blood Clots[19], Acute Generalized Pustular Psoriasis[20], Bells Palsy[21], Anaphylaxis[22], Shingles[23], Guillain-Barre Syndrome[24], and Death[25].

This is far from an exhaustive list, at the time of writing this article, the World Health Organization has received 3,976,453 reports of adverse events caused by the Covid-19 vaccine[26].



The Vaccine Adverse Event Reporting System (VAERS) Results

Data current as of 06/17/2022

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Dataset Documentation | Other Data Access | Help for Results | Printing Tips | Help with Exports | Save | Export | Reset

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Messages:

- VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
- These results are for 835,063 total events.

Vaccine	Events Reported	Percent (of 835,063)
COVID19 (COVID19 (JANSSEN)) (1203)	69,737	8.35%
COVID19 (COVID19 (MODERNA)) (1201)	398,219	47.69%
COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	407,676	48.82%
COVID19 (COVID19 (UNKNOWN)) (1202)	2,793	0.33%
Total	**878,425**	**105.19%**

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

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Leaving all possible life-altering side effects aside, the WHO has received 19,706 reports of death following the vaccine, the CDC has counted 15,205, and Open VAERS (Vaccine Adverse Event Reporting System) has 29,031[27].

The total number of documented deaths from the Covid-19 vaccine is 63,942, compared to 442 children under 5 from the actual disease. While this is already extremely lopsided, in reality, it drastically understates the risk associated with receiving the Covid-19 vaccine.

One study found,

Since VAERS is a passive system, it is inherently subject to underreporting. For example, a confidential study conducted by Connaught Laboratories, a vaccine manufacturer, indicated that "a fifty-fold underreporting of adverse events" is likely.[28] A 1996 Medwatch study suggested that around 1% of serious Adverse Events (AEs) are reported to the VAERS[29]. The impact of this would be that the number of deaths caused by the vaccine is orders of magnitude higher than what we will ever be able to prove.

[1]https://www.marketwatch.com/story/coronavirus-tally-white-house-says-vaccinations-for-children-under-5 -could-start-by-june-21-2022-06-03

[2] https://www.cdc.gov/flu/spotlights/2019-2020/2019-20-pediatric-flu-deaths.htm [3] https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html

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[4] https://www.cdc.gov/flu/about/season/flu-season.htm

[5] https://data.cdc.gov/NCHS/Deaths-by-Sex-Ages-0-18-years/xa4b-4pzv [6] https://www.cdc.gov/flu/spotlights/2019-2020/2019-20-pediatric-flu-deaths.htm

[6] https://www.cdc.gov/flu/spotlights/2019-2020/2019-20-pediatric-flu-deaths.htm

[7] https://www.israelnationalnews.com/news/317091

[8] https://www.cnn.com/2021/06/25/health/fda-covid-vaccine-heart-warning/index.html [9] https://www.ahajournals.org/doi/abs/10.1161/circ.144.suppl_1.10712

[10]https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/03-COVID-Shimabukuro-508 .pdf

[11] https://nypost.com/2020/10/20/some-covid-19-vaccines-could-increase-hiv-risk-researchers/ [12] https://pubmed.ncbi.nlm.nih.gov/35479071/

[13] https://pubmed.ncbi.nlm.nih.gov/35057745/

[14] https://rense.com/general96/K-20220328/CREUTZFELDT-JACOB%20SARS-COV-2.pdf [15] https://pubmed.ncbi.nlm.nih.gov/34197678/

[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8313538/

[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8014568/

[18] https://www.nature.com/articles/s41598-022-10928-z

[19] https://www.dailymail.co.uk/news/article-10266585/AstraZeneca-uncovers-trigger-blood-clots-jab.html [20] https://www.jaadcasereports.org/article/S2352-5126(21)00622-6/

pdf

[21] https://ncrc.jhsph.edu/research/bells-palsy-and-sars-cov-2-vaccines/

[22] https://pubmed.ncbi.nlm.nih.gov/34105336/

[23] https://whdh.com/news/study-shingles-may-be-side-effect-of-covid-19-vaccine/

[24] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8405530/

[25] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

[26] https://vigiaccess.org/

[26] https://vigiaccess.org/

[27] https://openvaers.com/covid-data

[28] https://journals.sagepub.com/doi/10.1177/0960327112440111

[29] https://www.nvic.org/CMSTemplates/NVIC/pdf/FDA/vaers-medwatch-1996.pdf

[29] https://www.nvic.org/CMSTemplates/NVIC/pdf/FDA/vaers-medwatch-1996.pdf