

# CDC Panel Recommends ‘Boosters’ for Children

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A Centers for Disease Control and Prevention [panel](#) met on Thursday to approve its recommendation that children receive Covid-19 boosters.

“A single Pfizer-BioNTech Covid-19 vaccine booster dose is recommended for persons ages 5-11 years at least 5 months after the primary series, under the FDA’s Emergency Use Authorization,” the CDC panel voted.

There was only one “no” vote from Dr. Helen Talbott from Vanderbilt University. Dr. Talbott questioned whether it was feasible to ‘vaccinate’ children every six months for a general mild Covid variant that rapidly phases out of the population. There were eleven “yes” votes. There was one abstention.

One of the panelists also called for expedited Emergency Use Authorization for Covid-19 vaccines for patients under 5 years old.

The website Covid-19 Data Science has [summarized CDC data](#) to show the relative risk rates of myocarditis/pericarditis per 100k for 5-to-11 year olds.

The rates were 17.6 per 100k within 21d of infection, and 4.0/0.0/6.5 per 100k within 21d of 1st/2nd/unspecified dose of mRNA vaccination. This corresponds to a relative risk ratio (RRR) of COVID-19 infection to 1st dose of 4.4 (95% confidence interval 0.5-35.7), meaning the rate within 21d of infection was 4.4x higher than within 21d of 1st dose.

The rate of myocarditis+pericarditis+MIS-C within 21d of infection was 103.0, with corresponding RRR vs. myocarditis+pericarditis within 21d of 1st dose of 25.7 (3.5-187.0), meaning the rate of myocarditis+pericarditis+MIS-C within 21d of infection in this age group was >25x higher than the rate of myocarditis+pericarditis within 21d of 1st dose vaccination.

The number of events for this age group is very small, which is why the confidence intervals are so wide.

While myocarditis can be life-threatening, most vaccine-associated myocarditis events have been “mild and self-limiting,” a Nature study [claims](#). However, myocarditis can permanently damage heart muscles, the [Mayo Clinic states](#).

CDC data show that Covid-related mortality for ages 5-14 (note: not a perfect overlap) over two years is 334 deaths out of a total of 13,371 deaths in this age group. There are approximately 40 million children in this age cohort. Covid-related mortality risk, calculated using far more deadly prior strains and ignoring prevalence of prior-infection induced antibodies, is thus 0.00835%.

The CDC has [conceded](#) that there are heart inflammation risks associated with the mRNA Covid-19 vaccines — particularly for young people. An Oxford University study earlier showed that the vaccines post risk of myocarditis, a form of heart inflammation. The study was originally [published in Nature](#) in December. An [MIT study](#) also found that there was an increased risk of heart inflammation among 16-39 year-olds in Israel.

“COVID-19 vaccination was ‘significantly associated’ with a 25% jump in emergency medical services (EMS) for heart problems in 16-39 year-olds in Israel, whose vaccination rate is among the world’s highest, according to a peer-reviewed study by MIT researchers,” Just the News [reported](#).

“While not establishing causal relationships, the findings raise concerns regarding vaccine-induced undetected severe cardiovascular side-effects and underscore the already established causal relationship between vaccines and myocarditis, a frequent cause of unexpected cardiac arrest in young individuals,” the study said.

The Food and Drug Administration on Tuesday authorized Pfizer-BioNTech’s Covid-19 “booster” shots for small children ages 5-to-11.

“While it has largely been the case that COVID-19 tends to be less severe in children than adults, the omicron wave has seen more kids getting sick with the disease and being hospitalized, and children may also experience longer term effects, even following initially mild disease,” FDA Commissioner Robert Califf said in a statement.

As reported by the NY Times, “although the F.D.A. authorized the shots this week, hesitancy is high. Fewer than one-third of children in this age group have received two doses.” A recent study showed that booster shots offered “very little” protection for children in the 5-11 age group.

“Pfizer and BioNTech’s two-dose Covid vaccine provided very little protection for children aged 5 to 11 during the wave of omicron infection in New York, according to a study published Monday,” [CNBC reported](#) in late February.

“The New York State Department of Health found that the effectiveness of Pfizer’s vaccine against Covid infection plummeted from 68% to **12%** for kids in that age group during the omicron surge from Dec. 13 through Jan 24,” the report added. “Protection against hospitalization dropped from 100% to 48% during the same period.”

“The team of public health officials who conducted the study said the dramatic drop in vaccine effectiveness among children 5 to 11 years old was likely due to the lower dosage they received,” the report continued. “Kids in this age group are given two 10-microgram shots, while children aged 12 to 17 receive 30-microgram shots.”

The CDC also [recommended](#) that everyone test for Covid-19 prior to domestic travel, including those up-to-date on Covid-19 vaccination and even those with four or more shots.

Critically, natural immunity from prior infection has been shown to confer [robust and durable immunity](#) that is in some ways superior to vaccinated immunity. The CDC panel acknowledged the extremely high rates of infection among children, but did not give a precise number for children with natural immunity. The CDC panel also recognized that boosters pose a risk of the side effect of myocarditis. The CDC panel recommended the boosters anyway.