

Parents Should Choose When Or If To Vaccinate Their Children Against COVID-19

Authors Note: *The intention of this paper is to provide parents with some simple arguments for choosing if or when to vaccinate their children for COVID-19. It is not meant as medical advice, but does advocate for the right of parents to choose medical treatments in consultation with their health care professionals. The author wants no credit, but please share anonymously as you see fit. The author went to great pains not to use political or obviously biased sources (not easy). This is not a Democrat or Republican perspective. The intention is to raise questions and legitimize dissent. Please use compassion, respect and tolerance in your communications with others on this topic.*

Risk From Covid

Are children at risk from COVID? Yes. How much risk? While every child's life is precious beyond measure, the statistical reality of this disease is that it has (thank god) almost completely spared children. According to the CDC (as of 10/06/2021) out of 700,951 COVID deaths in the US, just 587 occurred in the 0-18 year old population. <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

Out of 217 known COVID-19 deaths in Santa Cruz County, none have been under the age of 25.

<http://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome.aspx>

There are valid concerns about children who suffer from so called "long COVID" symptoms, though those symptoms occur less frequently and with shorter duration than in adults.

<https://www.webmd.com/lung/long-covid-19-children#1>

Let's compare some other risks to kids 5-14 years old using CDC data. They are 10.5 times more likely to die of cancer, 9.5 times more likely to die in a vehicle accident, 7.5 times more likely to die from suicide, 3.5 times more likely to die from homicide, 2.5 times more likely to die from drowning and 1.5 times more likely to die from the flu. To be clear, based on the CDC data, in 2019 your child was at a greater risk from dying from the flu than they are from COVID-19 now.

<https://pbs.twimg.com/media/E8WnL9JWEAE3ZsD?format=jpg&name=small>

Risk From Vaccines

There are also known and unknown risks from the vaccines. We know, for instance, that there is a risk of heart inflammation conditions called Myocarditis and Pericarditis. That risk is often described as "rare" or "extremely rare". How "rare" is "rare"?

A study out of Ottawa Canada reported 1 case of Myocarditis per 1000 doses.

<https://www.medrxiv.org/content/10.1101/2021.09.13.21262182v1.full> A study out of Israel suggested 10.69 cases per 100,000 vaccinations in men 16-29 (about 1 per 10,000).

<https://www.nejm.org/doi/full/10.1056/NEJMoa2110737> On May 28th, 2021 the European Medicines Agency reported 107 cases after 175,000 doses administered or 1 case per 1,635 doses

<https://covidcalltohumanity.org/2021/06/07/israel-reports-link-between-rare-cases-of-heart-inflammation-and-covid-19-vaccination-in-young-men/>. Note that in the case of Pfizer and Moderna, a "dose" is half a vaccination. That would put the risk of Myocarditis somewhere in the range of 1 per 500 vaccinations to 1 per 10,000 vaccinations.

There are 39,123 kids between the ages of 5-17 in Santa Cruz County. So, if we vaccinate them all, it is

reasonable to expect, with the data on hand, between about 78 and 2 cases of Myocarditis. Cases of Myocarditis often recover with medical treatment, but they can also lead to permanent heart damage and death. <https://www.datasharescc.org/demographicdata?id=281>

According to the study "SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis", "For boys 12-15 without medical comorbidities receiving their second mRNA vaccination dose, the rate of CAE is 3.7 to 6.1 times higher than their 120-day COVID-19 hospitalization risk as of August 21, 2021". In other words, for certain age groups, the risk of Myocarditis from the vaccine may be many times higher than the risk of hospitalization from COVID-19. This report was controversial, because of its use of VAERS data <https://www.medpagetoday.com/special-reports/exclusives/94530>, which is only supposed to be "hypothesis generating".

Besides Myocarditis, the Vaccine Adverse Event Reporting System (VAERS) has received 752,801 reports of adverse reactions to COVID-19 vaccines, including 7,582 heart attacks, 20,789 permanently disabled, 2,262 miscarriages, 28,168 severe allergic reactions, 8,153 shingles, 6,737 anaphylaxis, 9,025 Bell's Palsy, and 15,937 deaths as of September 24th. By comparison, there were only 605 reports of vaccine related deaths in 2019, prior to the COVID-19 vaccines. There is much debate around the meaning and value of VAERS data, with some experts suggesting it is meaningless or over counts actual vaccine caused adverse events, while others suggest it under counts adverse events by as much as 100 to 1. <https://openvaers.com/covid-data>

As to why the large number of VAERS reports has not caused a change of policy, according to this article <https://roundingtheearth.substack.com/p/defining-away-vaccine-safety-signals>, the CDC issued an update to their VAERS Standard Operating Procedure on January 29th, 2021 <https://www.cdc.gov/vaccinesafety/pdf/VAERS-v2-SOP.pdf>, which the author explains changes the math used to generate a safety concern in such a way as to establish "an illusion of safety, and a reason to ignore the true signs of danger".

Regardless of the true meaning of the VAERS data, there are other extremely common known risks. For instance, the Pfizer study on children 12 - 15 used to gain emergency approval tested the vaccine on just 1,127 children. <https://www.fda.gov/media/144413/download> 228 reported a fever after the first dose, 430 after the second dose. 677 reported a fatigue after the first dose, 726 after the second. 623 reported headache after the first dose, 708 reported headache after the second dose. 311 reported chills after the first dose, 455 reported chills after the second dose. In short, 86% of those receiving the vaccines experienced mild, moderate and severe adverse reactions. Out of 39,123 Santa Cruz kids, that would be 33,645 sick kids.

Do The Benefits Outweigh The Risks?

For a child with a COVID-19 comorbidity, it might make perfect sense to vaccinate. For a healthy athletic child, the risk from the vaccines may be greater than the risk from the disease. The debate around whether to vaccinate children is far from settled. Here's a few dissenting voices. There are many many more.

- 93 Israeli doctors: Do not use Covid-19 vaccine on children <https://www.israelnationalnews.com/News/News.aspx/304124>
- COVID-19 child vaccination: safety and ethical concerns <https://www.hartgroup.org/open-letter-child-vaccination/>

- Why are we vaccinating children against COVID-19?

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

-The Flimsy Evidence Behind the CDC's Push to Vaccinate Children

<https://www.wsj.com/articles/cdc-covid-19-coronavirus-vaccine-side-effects-hospitalization-kids-11626706868>

Changes in the prevalence of the disease in the community, development of our understanding of the nature of the virus and advancements in treatments will all be constantly changing factors educating an informed decision. We make the best decisions with the information available at the time, and the times are constantly changing.

The normal process for approving a vaccine is 6-11 years from the start of clinical trials, including 1-2 years of regulatory review and approval. (<https://www.historyofvaccines.org/content/articles/vaccine-development-testing-and-regulation>) Moderna started clinical trials just 15 months ago, with Pfizer shortly after. Certainly, extraordinary circumstances called for extraordinary measures, but the risk remains that there could be unforeseen effects on everything from reproductive health, to auto-immune disorders, to immune system decline. Since you can't unvaccinate a child, we are gambling the health of an entire generation on risks we may have no way of anticipating.

<https://ijvtpr.com/index.php/IJVTPR/article/view/23>

Won't "Stop the Spread"

The claim that COVID-19 is a "disease of the unvaccinated" is probably one of the biggest lies ever told to the American public. The math worked like this. All hospitalizations and deaths were counted starting on January 1st when only 0.5% of the population was vaccinated. If you did a study of day vs. night starting at midnight and stopping at 5AM, you would very likely find that it was dark 99% of the time.

There is a lot of evidence so far to suggest that the vaccines help with severe disease, but the spread of the disease continues in communities with very high vaccination rates. This study of 68 countries and 2947 US counties found that "increases in COVID-19 are unrelated to levels of vaccination".

<https://link.springer.com/article/10.1007/s10654-021-00808-7>

Israel experienced a major surge in cases after receiving the first round of booster shots. Harvard Business School recently moved classes online because of an outbreak occurring in spite of a 95% vaccination rate. <https://www.cbsnews.com/news/harvard-business-school-online-covid-19/> Vermont, one of the most vaccinated states, is experiencing a surge in cases and reporting 76% of deaths are among the fully vaccinated. <https://vermontdailychronicle.com/2021/09/30/76-of-september-covid-19-deaths-are-vaxxed-breakthroughs/> For the week ending Oct 13th, in San Diego 54% of cases were in fully vaccinated individuals. <https://www.kusi.com/more-vaccinated-people-tested-positive-for-covid-19-than-unvaccinated-in-san-diego-county/>

Natural Immunity

According to a CDC study of blood donations, approximately 80 million US citizens have contracted the virus and recovered <https://covid.cdc.gov/covid-data-tracker/#nationwide-blood-donor-seroprevalence>, which is approximately 40 million more than have tested positive. That same study suggested that, as of 6/13/2021, 93.2% of Bay Area blood donors had either been vaccinated or had naturally acquired immunity. Since children are often asymptomatic or barely symptomatic, there is a

good chance your kids may have already had it. Perhaps you may even know they already had it and have a positive PCR test or antibody test to demonstrate a prior infection.

Multiple studies have shown a much greater, longer lasting immunity from prior infection than that gained by vaccination. <https://www.bmj.com/content/374/bmj.n2101> One study suggested that a prior infection was 13 times more effective at preventing a breakthrough infection than vaccination. <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full.pdf>

The CDC does not recommend vaccination for Chickenpox if you have already had it. <https://www.cdc.gov/vaccines/vpd-vac/varicella/basic-immunity.htm> Given the known and unknown risks from the COVID-19 vaccines, the benefits of vaccination become particularly spurious when dealing with kids who have natural immunity. Also, risk of adverse reactions to the vaccines increases with prior infection. <https://www.medrxiv.org/content/10.1101/2021.04.15.21252192v1>

Regardless of whether vaccinating kids does or does not reduce the spread of the disease, given the extremely low risks from COVID-19 to children, we wouldn't be protecting them so much as protecting ourselves. Will your kid be the "rare" case to suffer an adverse reaction to help keep the adults of the town safe? Or will it be your neighbors kid? I don't believe we are the kind of town that would risk our children's health in order to protect ourselves. Do you?

The Control Group

We know that the effectiveness of the vaccines wear off over time, but we only have 15 months of data. Here are some obvious, but unanswered questions. How will an unvaccinated person's immune response to COVID-19 compare to a vaccinated persons after two or more years? Is it possible that the vaccination trades 6 months of resistance for a lifetime of susceptibility? How do the two groups compare at their second, third or fourth exposure to the disease? At the two year mark, how would an unvaccinated person's chances of all diseases and mortality compare to a vaccinated person's? What about in 5 or 10 years? We may have seen a benefit to vaccination in the short term's of the initial trials, but all of these questions need to be answered to establish long term risk reduction.

Unfortunately, the trials will not provide answers to many of these questions, because Pfizer-BioNTech and Moderna vaccinated the control group as soon as they got the initial FDA approval. <https://www.npr.org/sections/health-shots/2021/02/19/969143015/long-term-studies-of-covid-19-vaccines-hurt-by-placebo-recipient-getting-immuni> When the final study is complete in 2023, will they actually be judging the safety of the vaccines by comparing the health outcomes of two groups of fully vaccinated people?

In order to preserve the scientific process, the State of California needs a control group of unvaccinated people. If we reach anything approaching 100% vaccination, that opportunity will be lost. When a parent volunteers their child to be part of the (unofficial) control group, they are exchanging a mortality risk from COVID-19 that is actually less than the flu in a normal year, in order to avoid the risk from the vaccines that have an 86% chance of at least causing fever, fatigue and chills, while also risking Myocarditis and any other, as of yet, lesser known or poorly understood side effects.

Effect on Public Schools

There were 6,186,278 students enrolled in California public schools in 2018-19. According to a poll conducted by Kaiser, one quarter of parents of children 5-11 will "definitely not" get their child

vaccinated. <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-parents-and-the-pandemic/> Imagine the effect on the educational system if 1 out of 4 parents remove their kids from school. Consider the collapsing budgets, shrinking curriculum and approximately 70,000 laid off teachers. <https://www.cde.ca.gov/ds/ad/ceffingertipfacts.asp>