

Why Covid-19 Vaccination is Unwarranted for Healthy Rhode Island Children: An Annotated Summary of the Data, 5/15/22 (pdf)

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(I) Covid-19 is a benign disease in the vast preponderance of children, with Rhode Island [1] and three other states [2] having experienced ZERO covid-19 deaths despite at least a 75% childhood infection rate after 2+ years of exposure, per Centers For Disease Control and Prevention (CDC) SARSCOV2 nucleocapsid antibody titer surveillance. (3) Three Rhode Island children, in contrast, died from influenza during the single 2009 pandemic H1N1 year (i.e., in under 12-months) [4], consistent with national U.S. pediatric data which revealed that childhood H1N1 influenza was at least 4-fold more lethal, per annum, than covid-19 among newborn to 17 year-old children. [5]

[1] <https://www.youtube.com/watch?v=SEnQkOXftJ0&t=10s>

[2] <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

[3] <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7117e3-H.pdf>

[4] <https://t.co/SsckNqUcpv>

[5] https://academic.oup.com/cid/article/52/suppl_1/S75/499147;
https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

(II) While three-fourths of U.S. children and adolescents through age 17 had naturally-acquired immunity to covid-19, by February, 2022 [3], we now also have voluminous evidence from covid-19 epidemiologic and laboratory studies, further confirmed by subgroup analyses of the covid-19 randomized, controlled trials, that prior SARS-CoV-2 infection confers at least as robust, and more enduring and broad immunity to serious future SARS-CoV-2 infections, than vaccine-acquired immunity [6-9]. Currently, the latter, vaccine-acquired immunity to infection, in children aged 12 to 15 years-old, declines to zero in four months, and by seven-months displays “negative vaccine efficacy,” meaning it is associated with increased proneness to infection! [10]

[6] <https://brownstone.org/articles/how-likely-is-reinfection-following-covid-recovery/>

[7] <https://www.andrewbostom.org/2021/12/the-thin-gruel-of-randomized-controlled-trial-evidence-supporting-covid-19-vaccine-boosters-and-their-mandated-use/>

[8] <https://www.acpjournals.org/doi/10.7326/M21-4130>

[9] <https://www.medrxiv.org/content/10.1101/2022.02.19.22271221v1>

[10] <https://jamanetwork.com/journals/jama/fullarticle/2792524>

(III) The benefit to risk ratio of vaccinating healthy children, with or without naturally acquired immunity, is negative, given not only the limited efficacy of the mRNA vaccines administered to children, but their toxicity profile. [11] For example, through April 29, 2022, seven Rhode Island children (6 to 17 years-old) have been hospitalized post-covid-19 mRNA vaccination, six with myocarditis/pericarditis (inflammation of the heart muscle, and/or its covering), in **just the past year**. During **ten years of influenza vaccination** among Rhode Island children, from 2010 through 2020, just one child was hospitalized in association with any of the available influenza vaccines. [12]. Moreover, Pfizer obtained emergency use authorization for the initial 2-shot vaccine series in 5 to 11 year-old children notwithstanding this thin gruel of evidence: the “prevention” of only 13 cases of mild, self-limited covid-19 (i.e., “sniffles syndrome”); zero hospitalizations for covid-19 in either the vaccinated or placebo “vaccinated” groups, despite 20% of the ~2300 children studied having comorbidity (mostly obesity); and zero cases of even mild covid-19 among children with a history of prior covid-19 infection (i.e., naturally acquired immunity), regardless of whether they received the

vaccine or placebo. [13] Indeed, late January of this year, Sweden's Health Agency argued the covid-19 vaccines' benefit in 5 to 11 year-old children did NOT outweigh their potential risks, deciding against recommending them: *"With the knowledge we have today, with a low risk for serious disease for kids, we don't see any clear benefit with vaccinating them."* [14] Early in March, 2022, Florida's Department of Health also recommended **against** routine covid-19 vaccination of healthy children, because *"children with no significant underlying health conditions under 16 years old are at little to no risk of severe illness complications from COVID-19. For adolescents 16 to 17 years of age, the risk of myocarditis due to the COVID-19 vaccines may outweigh the benefits."* [15] Norway, in addition, specifically does **not** recommend vaccinating previously SARSCOV2-infected adolescents: *"Adolescents aged 12-15 years who have had COVID-19 disease are **not** currently recommended to be vaccinated."* [16]

Finally, despite the Rhode Island Department of Health's (RIDOH) ongoing, aggressive covid-19 vaccination campaign targeting Rhode Island's children [17], as of the latest RIDOH data update from 5/11/22, less than one-third of Rhode Island's 5 to 9 year-olds are fully vaccinated (see figure, below)

[11] <https://onlinelibrary.wiley.com/doi/full/10.1111/bioe.13015>

[12] <https://wonder.cdc.gov/vaers.html>

[13] <https://www.fda.gov/media/153409/download>

[14] <https://www.reuters.com/world/europe/sweden-decides-against-recommending-covid-vaccines-kids-aged-5-12-2022-01-27/>

[15] https://floridahealthcovid19.gov/wp-content/uploads/2022/03/g2-jtr_QWBT4hJpqr.pdf

[16] <https://www.fhi.no/en/id/vaccines/coronavirus-immunisation-programme/coronavirus-vaccine/#vaccination-after-having-covid19>

[17] <https://twitter.com/RIHEALTH/status/1525461425858088960>

Rhode Island Department of Health Public Data

<https://docs.google.com/spreadsheets/d/1c2QrNMz8pIbYEKzMJL7Uh2dtThOJa2j1sSMwiDo5Gz4/edit#gid=31350783>

Updated 5/11/22

Age, 5-9 years old, N	Partially Covid-19 Vaccinated, N (% total*)	Fully Covid-19 Vaccinated, N (% total*)	Covid-19 Vaccine Boosted, N (% total*)
66,378*	24,006 (36.2%)	21,192 (31.9%)	148 (0.2%)