

childrenshealthdefense.org

'Child Abuse on a Massive Scale': CDC Advisers Recommend Adding COVID Vaccines to Childhood Schedule

By *Suzanne Burdick, Ph.D.*

13-16 minutes

The Centers for Disease Control and Prevention's independent vaccine advisory committee today voted unanimously (15-0) to add COVID-19 vaccines for children as young as 6 months old to the new Child and Adolescent Immunization Schedules, which will be rolled out in February 2023.

Miss a day, miss a lot. [Subscribe to The Defender's Top News of the Day. It's free.](#)

The Centers for Disease Control and Prevention's (CDC) independent vaccine advisory committee today [voted unanimously](#) (15-0) to recommend adding COVID-19 vaccines for children as young as 6 months old to the new [Child and Adolescent Immunization Schedule](#), which will be rolled out in February 2023.

The [revised recommendations](#) accepted today by the committee include the Moderna or Pfizer-BioNTech COVID-19 vaccine for children as young as 6 months old and the Novavax COVID-19 vaccine for children as young as 12.

All [COVID-19](#) vaccines being administered in the U.S. to people under 18 are Emergency Use Authorized (EUA) products. The U.S. Food and Drug Administration did [grant full approval](#) to Pfizer's Comirnaty COVID-19 vaccine for ages 12 and older, however, the [Comirnaty vaccine](#) is not available in the U.S. — which means all children who get the Pfizer vaccine are getting an EUA product.

When asked if an EUA product could be added to the schedule, Dr. A. Patricia Wodi, a member of the CDC's Advisory Committee on Immunization Practices (ACIP), said the U.S. Department of Health and Human Services Office of General Counsel confirmed for the CDC that EUA products can be added.

Commenting on Wodi's statement, [Dr. Meryl Nass said](#), "And that was that. No legal justification. No moral or ethical justification. And definitely no medical or scientific justification."

Nass said she isn't aware of any EUA product ever being added to the schedule until today.

Committee members said today's vote doesn't affect what vaccines are required for school attendance, the CDC is merely codifying its pre-existing recommendation. School mandate decisions are made at the state, county and municipal levels, the committee said. "This discussion doesn't change that," a committee member said.

But as Dr. Robert Malone pointed out, pediatricians and state public health officials use the CDC schedule.

Writing on Substack, Malone said:

"State public health systems use the schedule to determine which

[vaccines to require for children](#) to enter schools. Yes, some states have more stringent requirements than others. Some states allow for 'opt-outs,' but in the end, most states follow the CDC guidelines. The ACIP functionally establishes 'standard of care' in this area."

Commenting on today's vote, Robert F. Kennedy, Jr., chairman of the board and chief legal counsel for [Children's Health Defense](#) (CHD), said:

"This reckless action is final proof of the cynicism, corruption and capture of a once exemplary public health agency. ACIP members have again demonstrated that fealty to their pharma overlords eclipses any residual concerns they may harbor for child welfare or public health.

"This is an act of child abuse on a massive scale."

Vaccine makers are not liable for injuries or deaths associated with EUA vaccines but can be held liable for injuries caused by a fully licensed vaccine — unless that vaccine is [added to the CDC's childhood vaccination schedule](#).

Parents of children injured by vaccines listed on the childhood schedule typically can seek compensation through the taxpayer-funded [National Vaccine Injury Compensation Program](#) (VICP), a no-fault alternative to the traditional legal system for resolving vaccine injury claims.

However, the revisions voted on today by the committee [explicitly state](#) (slide 24) that the newly added pneumococcal polysaccharide and COVID-19 vaccines are not covered under the VICP.

Instead, the COVID-19 vaccines added to the childhood schedule will remain covered by the Countermeasures Injury Compensation Program (CICP). To date, only [six claims](#) filed with the CICP have been approved for compensation.

How many more shots will kids get?

Today's vote on adding the COVID-19 vaccines means [18 more shots](#) — one per year between the ages of 6 months and 18 years — will be added to the schedule, according to Toby Rogers, Ph.D.

“So overnight the childhood schedule would go from 54 injections (72 antigens because of combined shots like MMR) to 72 injections (90 antigens),” Rogers said. “This has absolutely nothing to do with health — it’s all about profit and power.”

The number of shots added to the schedule may, in fact, be higher than Roger's estimate because the accepted revisions did not appear to specify the number of booster doses recommended and linked only to the [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#).

The accepted COVID-19 vaccine recommendations that will go into effect in 2023 include the following primary series:

- Age 6 months-4 years: 2-dose series at 0, 4-8 weeks (Moderna) or 3-dose series at 0, 3-8, 11-16 weeks (Pfizer-BioNTech)
- Age 5-11 years: 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Pfizer-BioNTech)
- Age 12-18 years: 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)

For children who are moderately or severely

immunocompromised, the recommended primary doses are increased from a 2-dose series to a 3-dose series.

Beginning in 2023, the official new recommended schedule also will include a 4-dose series starting at 2 months of age for a pneumococcal conjugate vaccine (either the PCV13 vaccine or the PCV15 vaccine) and a 4-dose series starting at 2 months for an inactivated poliovirus vaccine.

[Brian Hooker](#), Ph.D., P.E., told The Defender, “Given the [high risk of vaccine injury](#) for a product that provides [little or no benefit to children](#), this represents a criminal enterprise solely to ensure a revenue stream for COVID-19 vaccine manufacturers.”

Data collected by the CDC through its Vaccine Adverse Event Reporting System (VAERS) indicates serious health risks associated with COVID-19 vaccination for children.

As of Oct. 7, the [VAERS data](#) for 6-month-olds to 5-year-olds who received a COVID-19 vaccine showed reports of [4,279 adverse events](#), including [182 cases rated as serious](#) and [7 reported deaths](#).

For 5- to 11-year-olds, there were [14,622 reports of adverse events](#), including [692 rated as serious](#) and [29 reported deaths](#).

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S. While reports submitted to VAERS require further investigation before a causal relationship can be confirmed, VAERS historically has been shown to report only [1% of actual vaccine adverse events](#).

Discussion about adding COVID shots to schedule ‘lasted about a minute’

After hearing a [presentation on the proposed revisions](#) to the child and adolescent schedules, the committee members completed their discussion “in about a minute,” Nass said, and were “clearly in agreement.”

During the 20-minute public comment section just prior to the committee’s unanimous vote, the committee heard from six individuals.

The first speaker, [Jack Baker](#), manager of communications and marketing for the federally-funded [National Foundation for Infectious Diseases](#), commended the ACIP for their work and said that the foundation “stands ready” to work with the CDC “to promote vaccine confidence.”

“Providing an opinion while collecting his salary, how nice,” Nass wrote in her [live blog](#), alluding to Baker’s government position.

[Noah Louis-Ferdinand](#), communications coordinator for [Voices for Vaccines](#), urged the committee to add the COVID-19 vaccine to the childhood and adolescent immunization schedules even though, as he noted, children are at “low risk” for developing serious illness from COVID-19.

But the final speaker opposed adding the vaccines to the schedule, telling the committee said she had spoken about COVID-19 at a meeting “exactly two years ago” and that “everything experts raised as concerns during the meeting was completely ignored.”

“These avoidable issues have tragically come to fruition: efficacy, transmission, informed consent, viral priming, ADE [[antibody dependant enhancement](#)], transparency with data — to name a few,” she said.

The woman continued:

“It is a complete shame that you open these meetings up for public comment, yet you never consider what is presented, although you claim that is the intent of public comment.

“What is even more concerning is the amount of [safety signal data](#) that has come out of your reporting systems, which is being blatantly ignored.

“At what point does this committee become liable for their negligence?”

“Myocarditis is not rare nor mild. It’s extremely dangerous because the inflammation caused by the injection actually creates scar tissue on the heart that is not repairable.

“We already know this injection does not prevent infection or transmission, which makes all of us question why it’s even being classified as a vaccine or being presented to this committee.”

She told the committee, “It is time to stop with this morally and ethically wrong approach to a virus with such a high recovery rate. If you did not know it two years ago, you certainly do now.”

COVID shots also added to Vaccines for Children Program

Today’s vote came on the second day of a two-day meeting.

On Wednesday, the [ACIP members voted unanimously](#) to adopt a [resolution to add the COVID-19 vaccines](#) to the [Vaccines for Children Program](#) (VFC), a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

The resolution added “vaccines for the prevention of COVID-19” to

the VFC program for eligible [children ages 6 months through 18 years](#).

Following the passage of the resolution, CDC officials said the agency “will begin the steps necessary to award contracts [to vaccine makers] for COVID-19 vaccines.”

Once COVID-19 vaccines are commercialized, VFC program providers will order them directly from the manufacturers but “the timeline for commercialization of COVID-19 vaccines in the U.S. has not yet been finalized.”

Hooker, CHD chief scientific officer and associate professor of biology at Simpson University in Redding, California, specializing in microbiology and biotechnology, told The Defender the move to add the COVID-19 vaccines to the VFC is a “prerequisite” for getting the shots on the childhood schedule.

“If VFC didn’t pay for the vaccines, many children would be out of compliance with state requirements for school attendance due to cost,” Hooker said.

COVID vaccine ‘safe’ and ‘effective’ for pregnant women and infants, CDC presenters say

During Wednesday’s meeting, [Dr. Matthew Daley](#) — chair of the CDC’s COVID-19 vaccines workgroup — introduced the committee’s discussion on [COVID-19 vaccines in pregnant women](#).

[Dr. Sascha Ellington](#), a CDC official with the [National Center for Chronic Disease Prevention and Health Promotion](#), presented data on [COVID-19 in pregnant women](#), stating that negative outcomes, including all-cause mortality, were higher in pregnant women with

COVID-19 than those without COVID-19.

However, Nass pointed out that the data came from 2020, “when there were much more severe variants and much fewer treatments available, so it is not surprising that pregnant women had significantly worse morbidity and mortality than non-pregnant women. Pregnancy itself turns down the immune system.”

Dr. Katherine Fleming-Dutra, a CDC official, presented data on the effectiveness of COVID-19 vaccination using the original [monovalent vaccine in pregnant women](#) and infants and claimed high efficacy.

But Nass pointed out that the data Fleming-Dutra referenced in fact showed the [efficacy rapidly diminishing](#) to zero and below after 6 months, “making vaccinated people of all ages more likely to get COVID-19.”

The presenters also cited death certificate data from Jan. 1, 2020, through Oct. 1, 2022, showing 265 deaths involving COVID-19 had occurred among [infants ages 0-5 months](#).

“While the intent of the presentation is to scare us regarding 1- to 6-month-old babies,” Nass said in her live blog, “in fact COVID was present in only 0.5% of babies who died over the pandemic.”

Later, Daley suggested it would be a “reasonable interpretation” of the data to label those deaths as “vaccine-preventable,” and Dr. Sarah Long agreed.

During Wednesday’s public comment session, some individuals expressed concern over COVID-19 vaccination in pregnant women, infants and children.

A father who spoke pointed out that the vaccine does not affect

transmission of COVID-19 and that the benefits wane quickly.

He urged the members to vote against any further extension of the COVID-19 vaccine — particularly for children. “The majority of parents know their children are not at risk [for serious illness from COVID-19],” he said.

He asked, when will CDC officials look up and consider what other countries are doing, such as [Sweden](#) — where [health officials declined](#) recommending the COVID-19 vaccine to children under 12 because they saw “no clear benefit” — and [Denmark](#) — where [officials suspended](#) its national COVID-19 vaccination campaign altogether?

CORRECTION: This article was updated to state that the U.S. Department of Health and Human Services Office of General Counsel told the CDC it could add Emergency Use Authorized vaccines to the childhood immunization schedule. The article originally incorrectly stated U.S. Department of Justice.

[Sign up](#) for free news and updates from Robert F. Kennedy, Jr. and the Children’s Health Defense. CHD is implementing many strategies, including legal, in an effort to defend the health of our children and obtain justice for those already injured. Your [support](#) is essential to CHD’s successful mission.