Officials Across United States Spread Misinformation on COVID-19 Vaccines

Officials across the United States are continuing to spread misinformation about COVID-19 vaccines, The Epoch Times has found.

The claims include unsupported or misleading statements about vaccine effectiveness and safety.

The vast majority of officials responsible for the misinformation were unable or unwilling to provide evidence backing their claims.

The Louisiana Department of Health is among those exaggerating vaccine effectiveness. The agency claims in a promotional message that the vaccines "are 100% effective at preventing serious hospitalizations and deaths."

The message does not cite any evidence and the department did not respond to a request for comment.

Clinical trials for the Moderna and Pfizer vaccines estimated effectiveness against severe illness at 100 percent, but studies since then have shown the protection starts much lower and drops quickly. That's led to the clearance and recommendation of boosters, which confer a boost that also wanes.

Louisiana's statement is one of many that rely on data from 2021, before the Omicron virus variant emerged, or even 2020. That data

has little connection with the present state of the pandemic.

South Dakota's health department, meanwhile, says that "Nearly everyone in the United States who is getting severely ill, needing hospitalization, and dying from COVID-19 is unvaccinated."

That's not true, and hasn't been for months.

South Dakota officials did not return an inquiry.

Such statements are "directly related" to the drop in public confidence in health authorities during the pandemic, Dr. Jay Bhattacharya, a professor of medicine at Stanford University, told The Epoch Times after reviewing a sample of the claims.

"The public understands when they're being manipulated," he added.

Bhattacharya was referring to surveys that show members of the public have less confidence in health authorities now than before the pandemic.

Hyping Vaccines for Children

Many state health agencies are offering falsehoods about COVID-19 vaccine safety and effectiveness, or downplaying negative information about the shots—a continuation of a trend that dates back to when the vaccines became available in late 2020.

One theme emerged over the summer—hyping vaccine effectiveness for young children after U.S. authorities authorized and recommended the Pfizer and Moderna shots for children aged

6 months to 5 years.

"We welcome having COVID-19 vaccines to help protect our youngest Marylanders against severe illness, hospitalization, or even death from this virus and strongly encourage parents to vaccinate their children," Maryland Health Secretary Dennis Schrader said in a statement.

"Clinical trials proved that the pediatric vaccine is an effective way to prevent COVID infection and serious illness in young children," the Massachusetts Department of Public Health says on its website.

But the clinical trials for the age group weren't able to measure efficacy against severe illness, which has been acknowledged by the U.S. Centers for Disease Control and Prevention (CDC).

"The clinical trials were not powered to detect efficacy against severe disease in this young population," Dr. Sara Oliver, a CDC medical officer, told a meeting over the summer.

Saying the vaccines protect young children against severe disease "is a leap of faith," Dr. David McCune, a hematology and oncology doctor in Washington state, told The Epoch Times. "It's not supported by the research."

Officials in every state were asked to provide evidence for dubious or false statements. Maryland officials pointed to a CDC page that did not support Schrader's statement. Massachusetts officials did not respond to an inquiry.

False Statements on New Boosters

The U.S. Food and Drug Administration (FDA) recently authorized updated booster shots from Moderna and Pfizer. The CDC then recommended them for virtually all Americans aged 12 and older, and later enabled children 5 to 11 to get one of the new shots.

Clinical trials for the bivalent boosters, which contain spike protein components targeting the original COVID-19 strain and the BA.4/BA.4 Omicron subvariants, were not done—and have not been completed—on any group of humans as of yet.

Officials relied on data from testing in mice, data from the original vaccines, and a BA.1/Wuhan bivalent that has never been available in the United States.

The testing on that bivalent, done in adults 18 and older (Moderna) and adults 55 and older (Pfizer), showed that the updated boosters triggered higher levels of antibodies than the old boosters. But the trials didn't provide any efficacy estimates for protection against infection or severe illness.

The dearth of data didn't stop states from promoting the vaccines as tools that would definitely work.

"Adding a component to the boosters that specifically targets the subvariants currently circulating will help restore protection against COVID-19 infections, including hospitalizations, that has decreased over time," Dr. Dean Sidelinger, Oregon's state epidemiologist, said in a statement.

"The updated bivalent COVID-19 booster, along with the flu vaccine, give parents two powerful tools to protect their children from severe illness and hospitalization," Dr. Sameer Vohra, the

director of the Illinois Department of Public Health, said.

Officials in Oregon and Illinois did not respond to requests for comment.

Minimizing Side Effects

Many states emphasize how most side effects are mild. That's true, according to data from the CDC and studies. But a number of states fail to mention serious side effects, like heart inflammation, that have been linked to the vaccines.

New York, Pennsylvania, and South Carolina, for instance, didn't mention myocarditis, a form of heart inflammation, or thrombosis with thrombocytopenia syndrome (TTS), a severe blood clotting issue.

Most of the states that did mention myocarditis promoted the idea that the incidence of myocarditis is higher after COVID-19 infection than after COVID-19 vaccination.

"Myocarditis and pericarditis are much more common if you get sick with COVID-19," the Washington state Department of Health says on its website.

"The risk of developing myocarditis after a COVID-19 infection is much higher than the risk of developing myocarditis after the vaccine," the Alabama Department of Public Health said in a press release over the summer.

But more papers show a higher rate of myocarditis after vaccination in high-risk groups, especially young men, including

one provided by authorities in Alabama.

Asked for evidence for its statement, Alabama officials sent a link to a British study published after its release was issued. But the study detected a higher risk for young males, or men aged younger than 40 years old, after vaccination.

After that was pointed out, Alabama officials stopped responding.

Some states, like Oregon, say no deaths have been linked to myocarditis after COVID-19 vaccination. Researchers around the world, including with the CDC, have determined there's a causal link between myocarditis and the Pfizer and Moderna vaccines, which both utilize messenger RNA (mRNA) technology. And autopsies and medical records have confirmed deaths from myocarditis among the vaccinated.

Florida and other countries recommend against or don't advise messenger RNA vaccination, or the Moderna and Pfizer vaccines, for some age groups due to myocarditis.

TTS is an often-fatal form of blood clotting that happens on occasion after receipt of the Johnson & Johnson vaccine, according to federal officials. The FDA restricted the Johnson & Johnson vaccine due to TTS.

Dr. Danice Hertz, who was injured by a vaccine, says that the statements underline her experience with the health care system and top federal officials. That includes the FDA not acknowledging how many Americans have actually been injured by one of the shots.

"I blame the FDA and our federal government for creating this environment where doctors don't know anything about vaccine injuries," she said.

Outdated Information

A number of states still cite data from 2021 or even 2020, even though over half a dozen new variants have emerged since COVID-19 first appeared.

"FDA-authorized COVID-19 vaccines protect against Delta and other known variants," the Oklahoma State Department of Health says on its website.

The Delta variant stopped circulating in the United States in 2021.

Oklahoma also says that so-called breakthrough cases, or post-vaccination infections, "happen in only a small percentage of vaccinated people."

That hasn't been true since Omicron displaced Delta in late 2021.

The California Department of Public Health links to a study from the CDC that was published in August 2021 when claiming that unvaccinated people who already had COVID-19 "are more than twice as likely as vaccinated people to get it again."

Studies from late 2021 and 2022 show that post-infection protection, known as natural immunity, is superior to vaccination. Natural immunity has also held up better, but also waned against newer variants.

Heavy Reliance on the CDC

Nearly all of the state health agencies rely heavily on the CDC and other federal agencies.

Many repeatedly reference the CDC on their websites. The CDC has promoted misinformation on COVID-19 vaccines during the pandemic, including the unsupported claim that the vaccines protect young children against severe illness and promoting a study that exaggerated the COVID-19 death toll among children.

States that did provide evidence to back claims mostly cited CDC studies and documents.

The CDC publishes a quasi-journal called the Morbidity and Mortality Weekly Report. The CDC has said (pdf) the publication is distinct from "*all* other health-related publications," in part because the content "constitutes the official voice" of the CDC and because most articles are not peer-reviewed. Instead, multiple levels of CDC officials review a submission.

"By the time a report appears in *MMWR*, it reflects, or is consistent with, CDC policy," the CDC said in one overview of the publication.

The CDC and its partner, the FDA, have aggressively promoted vaccination during the pandemic, even when little evidence supports the vaccines. The agencies have also repeatedly refused to release COVID-19 vaccine safety data.

Dr. Todd Porter, a pediatrician in Illinois, said that the effort to get virtually all children vaccinated against COVID-19, despite the small amount of efficacy and safety data, is contributing to parents

hesitating over other vaccines.

"This has created a much different conversation with parents of my patients with respect to benefit/harm and has further eroded parent confidence in public health and has made it harder for me to make recommendations for other more important proven vaccines," Porter told The Epoch Times in an email. "Most notable has been lack of influenza vaccine uptake in my patients over the past year."

Steps Forward

Regaining people's trust is key to moving forward and involves acknowledging information that was conveyed is not correct, experts said.

"When a public health authority or federal official says something that's incorrect, it has a responsibility to correct it. And when it doesn't, when it just lets the matter lie, people continue to distrust them even more," Bhattacharya said.

One example, he said, is how officials repeatedly said—and some are still saying—that the vaccines cut down on transmission, even though a top Pfizer executive recently acknowledged testing on transmission has not been done. The claim that vaccines curb transmission helped lead to vaccine mandates.

"I think it would go a long way if our nation's public health institutions could demonstrate humility and acknowledge that in the panic of the pandemic they got it wrong where it comes to children," Porter said.

The urge to get people vaccinated has led to some of the false and misleading claims, according to McCune, who saw the same pattern repeated during the rollout of the new boosters.

"You could have started with the bivalent booster and said, 'this is what we know. We know some things about antibody levels from basic science studies that were done in animal models and from similar vaccines that were given to humans that we have a reason to believe these antibodies are going to improve,'" he said. "And then to say, 'the reason we were approving this is we think that this has overall been a safe program, and we don't anticipate there'll be future problems. We're making a leap here to try and get ahead of it, even though there's some uncertainty.' That's an honest statement, but it's not a very salesy statement."

McCune foresees it taking years to rebuild trust in public health, and believes it will require changes at both the CDC and FDA.

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