

Plummeting vaccinations in the US and globally put millions of children at risk

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New data gathered by the Centers for Disease Control and Prevention (CDC) points to the alarming effects of the COVID-19 pandemic on routine pediatric vaccinations. Data from two different sources examined—Vaccines for Children Program (VFC) provider order data and Vaccine Safety Datalink (VSD) administration data. Both sources showed a significant decline in routine pediatric vaccinations beginning one week after the national emergency declaration on March 13, 2020.

Vaccines for Children Program (VFC) is a federally funded vaccine program that accounts for roughly 50 percent of pediatric vaccines in the US, providing vaccines to the under- and uninsured. The Vaccine Safety Datalink (VSD) data is collected from a collaborative project between the CDC and eight US health care groups serving publicly and privately insured patients.

Both data sets compared two different weekly intervals: January 7, 2019–April 21, 2019 (time period A) and January 6, 2020–April 19, 2020 (time period B). Data was further separated to examine all non-influenza vaccines and measles-containing vaccines only, as well as age group categories of under 24 months and over 24 months–18 years of age.

As the graphs above show, the administration of non-influenza vaccines and measles-containing vaccines dropped precipitously after January 20, when the first COVID-19 case was reported in the US. On April 13, non-influenza vaccines from time period B were down 3 million as compared with time period A of the previous year. Measles-containing vaccines dropped 400,000 doses in time period B as compared with time period A.

The decrease was less prominent in the under 24 month age group for both vaccination categories,

suggesting that the systematic prioritization of vaccinating this age group before and after the start of the pandemic has had a minor effect.

On a global scale, the decline in vital pediatric immunizations is of monumental proportions. The WHO dedicated its May 22 press conference to the issue of routine immunizations during COVID-19, with guest panelists Henrietta Fore, UNICEF executive director and CEO of Gavi, and Dr. Seth Berkley of the Vaccine Alliance. Together, the WHO, UNICEF and Gavi warned that at least 80 million of the world's children under the age of one are at risk of vaccine preventable diseases such as diphtheria, measles and polio.

Immunization programs became widely available in high-income countries beginning in the 1950s. To increase access to immunizations, the Expanded Programme on Immunization (EPI) was founded in 1974 with its first major goal being the eradication of smallpox. Just six years later, as a result of coordinated and international participation, smallpox was eradicated worldwide.

Since the smallpox milestone, EPI has continued to play a major role in the rising levels of immunization around the world contributing to the 86 percent global child protection rate from vaccine preventable diseases. In 1974, only 5 percent of the world's children were protected from the aforementioned diseases. Globally, the WHO estimates that vaccinations saved 10 million lives in the years 2010 through 2015.

COVID-19 threatens to unwind this progress. Fifty-three percent of the 129 countries with sufficient vaccination data have reported moderate to severe decline or total suspension of vaccination services in March to April 2020.

Mass immunization campaigns, especially crucial in

developing countries with fewer resources, have been severely cut back, putting children at risk for diseases like cholera, measles, meningitis, polio, tetanus, typhoid and yellow fever. Mass immunization campaigns for measles and polio have been particularly hard hit with immunization campaigns put on hold in 27 countries for measles and 38 countries for polio.

There are several factors contributing to the decline of immunizations. Regular health clinic appointments and mass immunization campaigns have been halted in the name of social distancing or because of a lack of personal protective equipment (PPE). Health workers have been pulled from clinics and campaigns to work with COVID-19 patients instead. Parents, understandably, are fearful of bringing their children to hospitals or clinics for regular check-ups for fear of exposing their families to COVID-19.

The comeback of vaccine preventable diseases as a result of a decline in immunization rates rivals the global threat of COVID-19.

One study from the London School of Hygiene and Tropical Medicine seeks to develop a risk-benefit analysis of routine childhood immunizations against risk of COVID-19 infections in Africa. While the study is currently in the process of peer-review, its results are worth a closer look.

The study takes into account that upon infection with COVID-19 a child would likely infect his or her entire family. Even with such risks accounted for, the researchers found that for every one COVID-19 infection acquired during the process of routine immunization, 140 children's lives could be saved by maintaining immunization schedules. While health clinics and mass immunization campaigns must be prepared to implement infection control protocols to decrease COVID-19 infections, the above data clearly indicates that regular immunizations must continue.

Furthermore, the disruption of global systems of immunization threatens to slow or halt the delivery of a COVID-19 vaccination when it is available.

To further highlight the global crisis of missed vaccinations, it is necessary to zoom in on the measles crisis. In an April edition of *Nature*, an article titled "Why measles deaths are surging—and coronavirus could make it worse" outlines the risk of the spread of measles, especially in developing countries. The article explains that in many countries, "measles is a constant,

simmering at low levels until the number of children susceptible to the virus builds up and it takes off."

Measles is the most contagious known virus in the world, with a reproduction number—the scientific term used to quantify the infectiousness of a virus—of 12 to 18. For comparison, COVID-19 has a reproduction number between 2 and 3 and Ebola is estimated at 1.5–2. Measles is spread by respiratory droplets that can remain in the air for hours, infecting those who enter a room hours after a measles infected person has exited.

With this high of an infection rate, immunization rates of a population at minimum must be 92 percent to keep the virus at bay. Before the COVID-19 outbreak, many countries had low measles immunization rates. The Democratic Republic of the Congo, for example, had a 57 percent immunization rate against measles. These figures are worsening due to COVID-19, creating the perfect conditions for a worldwide measles outbreak. Global measles immunization rates are currently stalled at 86 percent.

Under-immunization of children in one country presents a risk in all countries. In addition, the rapid spread of COVID-19 in the Southern Hemisphere presents the possibility of a new flare-up in the US later this year. Pathogens don't recognize borders. The fight against infectious disease will inevitably fail within the outdated nation-state system. Instead, the mobilization of society against the pandemic requires internationally coordinated scientific planning, which at every point comes into conflict with the pursuit of private profit and individual wealth.



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