

CDC says vaccinated teachers and students don't need masks

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On Friday, the Centers for Disease Control and Prevention (CDC) said vaccinated teachers and students don't need to wear masks inside school buildings, further loosening guidelines for reopening schools even as COVID-19 cases surge throughout the country.

The CDC likewise advised schools to reopen even if they cannot guarantee three feet of distance between students.

The new measures are a blunt and provocative stand by the Biden Administration, making clear that no matter how widely the Delta variant—which is particularly dangerous to children—spreads, there will be no reversal of the plan to return to full in-person instruction.

Teachers condemned the CDC's mandate, which will inevitably lead to the deaths of students, teachers and family members. "I think it's dangerous," said Mike Hull, a former history teacher in Texas. "While the vaccine may lessen serious symptoms, there remains a possibility that coronavirus can be spread to unvaccinated people and eventually take on more problematic mutations. The best policy would be to continue wearing masks, especially with so many unvaccinated people out there. What does it hurt, especially in schools where many of the younger kids won't be vaccinated?"

There are more than 50 million school-aged children that are enrolled in classes throughout the US. Of those aged 12 to 17, who make up about half of all school attendees, only one out of three have received a COVID-19 vaccine. The implication here is that about 42 million children will be forced to return to school where little has been done to improve ventilation and air-conditioning systems while attempting to adhere to at least three feet of social distancing. Masks are encouraged for those unvaccinated. All the while, the

CDC continues to ignore the now established fact that COVID-19 is an airborne disease, and these measures will do little to mitigate infections throughout schools.

Despite the rising contribution children make to infections, with the American Academy of Pediatricians highlighting they comprise 14 percent of all cases to date, proponents of school reopening like economist Emily Oster of Brown University have touted that death among children is infrequent and continue to endorse now the refuted rationale that they are less likely to transmit the coronavirus. This is simply irresponsible and unsupported by the facts!

The current rise in cases across the UK has been fueled by young people, despite the present restrictions that remain in place. In the Imperial College London's ongoing real-time assessment of community transmission (REACT1) study, they showed that the surge that began in late May was driven by school-age children with a five-fold higher rate of COVID-19 test positivity among this group compared to those over the age of 65.

Epidemiologist Dr. Deepti Gurdasani, who has been a staunch advocate for a policy to eradicate the virus, tweeted, "The spread among school-age children and young adults is frankly quite shocking. The almost vertical line here says it all." Yet, Prime Minister Boris Johnson continues to endorse easing most COVID-19 restrictions and dropping quarantine requirements by July 19, 2021.

On Wednesday, a group of more than 4,000 health and science experts published a letter in the *Lancet* calling the government's go-ahead with "Freedom Day" a "dangerous and unethical experiment."

Dr. Mike Ryan, executive director of the World Health Organization's health emergencies program, said of the UK's policy, "The logic that more people

infected is better is logic that I think has proven its moral emptiness and epidemiological stupidity.”

In tourist hotspots in Spain and Portugal, teenagers and young adults have seen a similar rise in cases. For those 20 to 29 years of age, the infection rate has risen above an astounding 2,000 per 100,000 people over two weeks. Germany and Belgium have placed Catalonia and several areas of Spain on their red list advising travelers of the dangers of travel to these regions. In Israel, with most adults vaccinated, over half of the country’s new COVID-19 infections last month were in those 19 years or younger.

To suggest that only two percent of children develop serious illness requiring hospitalization and only a tiny fraction of this number die is a callous and irresponsible approach. With millions of children potentially vulnerable, these will amount to thousands of unnecessary deaths cutting down those who have not even reached the prime of their lives. Already, 4,200 children have developed multisystem inflammatory syndrome, a rare but serious condition that affects its victim’s hearts and blood vessels.

Additionally, public health officials have been reluctant to acknowledge the potentially devastating impact Long COVID will have in this age group. It is not an “adults-only phenomenon,” as STAT News characterized it. Numbers are difficult to come by.

Studies on adults place the number affected by prolonged symptoms of the complication at one in three COVID-19 patients. Pasting together data from small studies out of Italy and more extensive population studies in the UK, experts surmise that somewhere between seven to 20 percent of children and adolescents infected with the virus will develop the condition, which includes fast resting heart rates, headaches, stomach aches, fatigue and sleep disturbances, brain fog, to name just a few of the maladies. Dreaded conditions include heart and lung dysfunctions. Recent studies have also elucidated that COVID-19 can impact the brain’s gray matter in regions where memory is registered.

Much of this data has been elucidated from previous strains of the coronavirus. Information is emerging that the Delta variant may also be more deadly and lead to more severe disease, which may skew these numbers upward even for young people.

Scientists at the Guangdong Provincial CDC have

found that those infected with the Delta variant were more infectious in the early stage of the disease, harboring viral loads 1,000 times higher than those infected with the original strain first detected in Wuhan, China.

Cases and hospitalizations across the US are climbing in line with every other nation that has seen the Delta variant dominate. The strain, which now accounts for more than 50 percent of all genetically sequenced cases in the US, is proving to not only be more transmissible but immune evading. Efficacy data between the Delta and Alpha variants has shown a higher rate of breakthrough infections with the newer strain.

The recent data out of Israel had officials most concerned that the Pfizer mRNA COVID-19 vaccine was only 64 percent effective at preventing symptomatic infection after complete vaccination, implying a high breakthrough infection rate and the concern that fully vaccinated individuals may very well be vectors of transmission. Yet, the CDC has advised that vaccinated people should not be tested unless they are symptomatic.

Perhaps the most critical aspect of the pandemic has been the seminal impact large clusters of infection have had on the perpetuation of the pandemic through the emergence of new strains of the coronavirus. By converging evolutionary pathways, the coronavirus has found mechanisms to increase its contagiousness and potentially become more immune evading, decreasing the efficacy of current vaccines against it.

Besides the health of young children, which must be furiously guarded, the reopening of schools and the abandoning of all public health measures creates a situation that has been repeated in the UK, South Africa, Brazil, India and Peru—the potential emergence of a still more vicious iteration of the coronavirus.



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