

CDC approval of COVID-19 vaccines for children is portrayed as the last threshold to “normalcy”

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On November 2, 2021, the Centers for Disease Control and Prevention (CDC) released a media statement acknowledging Director Rochelle Walensky’s endorsement of their Advisory Committee on Immunization Practices’ (ACIP) recommendation that children 5 to 11 should receive Pfizer’s pediatric COVID-19 vaccine. The approval means that clinics, schools and pharmacies across the country can begin offering the 28 million children in this age group immediate vaccination.

The pediatric COVID-19 vaccine has only one-third of the adult dosing, or 10 micrograms. However, according to Pfizer’s phase 2/3 trial in children of this age, immune titers were as high as young adults receiving the adult dosing a month after their second dose. Additionally, as with adults, vaccine effectiveness was nearly 91 percent among those aged 5 to 11 years.

In making the recommendation for vaccinating children, the CDC also had to admit that COVID-19 does take a significant toll on children. They wrote in their statement, “COVID-19 cases in children can result in hospitalizations, deaths, MIS-C (inflammatory syndromes) and long-term complications, such as ‘long COVID,’ in which symptoms can linger for months. The spread of the Delta variant resulted in a surge of COVID-19 cases in children throughout the summer. During six weeks in late June to mid-August, COVID-19 hospitalizations among children and adolescents increased fivefold.” They go on to assert a critical point, “Vaccination, along with other *preventative measures, can protect children* from COVID-19 using the safe and effective vaccines already recommended for use in adolescents and adults in the United States” (Emphasis added).

The admission is in passing, and none of the bourgeois press reporting these developments will bother to absorb the significance or entertain the statement’s implication. On the contrary, the pediatric vaccine initiative, though necessary, “will be used to overcome all resistance by parents to

sending their children into social settings rather than protecting them at home,” as the WSWs observed this week. Even as the Food and Drug Administration (FDA) was announcing its near-unanimous approval of Pfizer’s pediatric COVID-19 vaccine, on the same day the *New York Times* was sowing the seeds for ending facemask mandates by publishing a lengthy opinion piece titled, “We need to talk about an off-ramp for masking at school,” by Jessica Grose.

With the CDC’s approval, the offensive to undo all previous restrictions is being accelerated, regardless of worrisome trends in various regions of the US and the world. Despite high levels of natural or vaccine-induced immunity, a surge in cases has led to a rise in hospitalizations and deaths.

Dr. Monica Gandhi, who has been outspoken for school reopening, in promoting her new article in *The Atlantic*, tweeted, “I recommend, with this [vaccinating children] threshold in the US ... and rising immunity, let’s think about when we can downgrade from 2020 crisis mode.” She has brazenly declared the July Delta wave the last wave and children’s vaccination “the last threshold before a return to greater normalcy,” abandoning the most important precautionary principle in her field.

On Wednesday, President Joe Biden said, “For parents all over this country, this is a day of relief and celebration. ... My administration is ready, we have been ready from day one, today, organized, and have a plan for this vaccination’s launch. ... As soon as next week, we will have enough vaccines and enough places, and parents will be able to schedule appointments to get their kids their first shot. We’ve also been working with governors, mayors, and local school leaders to bring vaccines to schools. As of today, more than 6,000 school clinics have already been planned in school districts around the country. These efforts will also ensure equity at the center of our children’s vaccination program as it has been for adults.”

There is no such thing as equity in the United States, and the attempts to interpret the pandemic through the prisms of identity politics and racial categories are politically reactionary. In their latest update on COVID-19 vaccination, Kaiser Family Foundation found that though the proportion of black people receiving vaccinations has risen and closed the gap with white people, they remain below all other racial categories.

However, no mention is made on the socioeconomic indices that demonstrate that poverty and social class, not race, are the fundamental bases of vaccine disparities. This data, however, is collected by the CDC. Between December 2020 and May 2021, it found that disparities in vaccination coverage increased with an increasing social vulnerability index (SVI). They wrote, “By May 1, 2021, vaccination coverage was lower among adults living in counties with the higher overall SVI [poorest and most vulnerable]. ... Vaccination coverage disparities were largest for two SVI themes: socioeconomic status (Q4=44.3 percent versus Q1=61.0 percent) and household composition and disability (Q4=42 percent versus Q1=60 percent).” There is no indication that such disparities will not impact children also.

They concluded by stating, “disparities in vaccination coverage by SVI have increased over time, especially in large fringe metropolitan and nonmetropolitan counties. Disparities were associated with county-level differences in socioeconomic status and household composition, and disability. Although disparities were not associated with county-level differences related to racial and ethnic minority residents and housing types, individual SVI components suggested disparities among adults living in counties with particular housing characteristics (e.g., lower coverage in counties with a higher percentage of mobile homes).” Indeed, these disparities will translate through the same socioeconomic conditions that affect the working class predominantly.

Vaccine inequity within the United States is combined with the broader issue of global vaccine inequity as high-income nations are moving, through the aegis of vaccine nationalism, to curtail worldwide distribution to ensure boosters and now pediatric vaccines are available to their own population. The global supply of vaccines is being limited by profit considerations of the manufacturers and their adamant refusal to waive patents and allow massive production of generic versions of the vaccines that would make it possible to flood the world with tens of billions of cheap and effective life-saving treatments.

This is leading to the continued disparity in the distribution of vaccines, specifically in low-income nations. An interim report by the World Health Organization (WHO) dated October 4, 2021, makes the following recommendations: “In

the context of ongoing global vaccine supply constraints, broad-based administration of booster doses risks exacerbating inequities in vaccine access by driving up demand and diverting supply while priority populations in some countries, or in subnational settings, have not yet received a primary vaccination series. The focus remains on urgently increasing global vaccination coverage with the primary series driven by the objective to protect against severe disease.”

The international distribution facility COVAX, which had been conceived to ensure fair and equitable access to COVID-19 vaccines, is facing a significant shortfall on its targets due to hoarding of these treatments and supply-chain issues that have plagued the world economy, as well as a grossly insufficient budget and lack of any meaningful authority to force manufacturers to honor their agreements.

The coordination of the program has been thrown into utter chaos as nations have turned to making lateral agreements between countries or purchasing the vaccines directly from the pharmaceutical companies due to delays and shortages. With more than 7.15 billion doses administered, COVAX has delivered only 400 million vaccines out of a projected 1.4 billion.

In the attempt by high-income nations to vaccinate their way out of the pandemic, they have already given more booster doses than low-income countries have given in total doses all year, according to Dr. Tom Frieden, former Commissioner of Health of the City of New York. He tweeted, “These graphs from the *Financial Times* (FT) show just how shockingly unfair vaccine rollout has been. We can potentially prevent millions of deaths from COVID and reduce the risk of new dangerous variants by increasing vaccine supply and improving equity.”

As the US and the rest of the world prepare for winter, the drive to vaccinate children takes on a more urgent character implying that wealthier nations are buying up all the supply that exists. According to the FT, richer countries have received over 16 times more COVID-19 vaccines per person than poorer nations that rely on COVAX. Speaking with FT, Kate Elder, a senior vaccines policy adviser at the Doctors Without Borders access campaign in New York, said, “You’ve really got to look hard at the model. We need structural change if we’re going to avoid repeating this disaster in the future.”



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