

Survey reveals one in three Texas children have had COVID-19

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In October, the University of Texas Health Science Center at Houston and the Texas Department of State Health Services published a report, titled Texas Coronavirus Antibody Response Survey (Texas CARES), which found that over one-third (36.5 percent) of children in the state have been infected with COVID-19. Additionally, the results indicate that roughly one-quarter of educational professionals have been infected with the virus.

The report measured infections within the 275-500 days preceding October 3, the maximum range within which infection-generated antibodies remain detectable via test. Since its publication, the percentage among children has increased somewhat to 36.96, indicating further infections.

The results expose the massive fraud of the state's portrayal of the pandemic, as well as the lie propagated by governments around the world that COVID-19 rarely affects children. The Texas government, in line with the entire political establishment and corporate media, has covered up the scope of child infections and deaths.

Texas' COVID-19 dashboard only reports the age distribution for 3 percent of infections, which the American Academy of Pediatrics (AAP) report on November 4 noted, "resulted in an undercount of child cases" in the state. The current dashboard makes it appear that ages 0-19 years account for only 7.7 percent of infections as of November 5.

Researchers who produced the Texas CARES report measured the levels of COVID-19 antibodies among Texas residents. Participants were given two tests, an "N-test," which does not detect antibodies developed from vaccinations, and an "S-test," which detects antibodies developed both from previous infections and from vaccinations. The survey did not measure active COVID-19 infections. Participants were given three antibody tests over a period of six to eight months.

The tests were used to estimate the percentage of people in Texas who have antibodies to COVID-19, known as seroprevalence. The survey suggests that as of October 2021, about 75 percent of people in Texas had antibodies from either an infection or vaccination. Those with vaccine

derived antibodies had higher antibody counts than infection-derived antibodies, exposing once again the myth that "herd immunity" can be achieved through infection. The report also found that of the children who had antibodies from an infection, 50.8 percent reported never having any symptoms.

The project is ongoing, with a dashboard that is updated weekly. Children have the highest seroprevalence levels among any group. As of this writing, the dashboard shows an infection-derived seropositivity (using only the "N-test") of nearly 36 percent in children under 10 years old and nearly 38 percent in those between 10 and 19 years old, meaning those respective percentages of children had a previous COVID-19 infection.

After children, young adults age 20-29 had the next highest seroprevalence at 30 percent. This is compared to the average infection-derived seropositivity among all participants, which stood at 24 percent, itself a damning figure.

The implications of the study are astounding. In Russia, 13.5 percent of all children who were infected with COVID have suffered Long COVID symptoms, which can include severe neurological difficulties and a cognitive impact comparable to stroke or lead poisoning.

The Texas CARES study also looked at several specific groups, including school-aged children (ages 5-19), educational professionals, university members, business employees, unemployed people and participants at community health clinics. Again, school-aged children had the highest seropositivity as a group at 36.5 percent positive using the N-test.

Educational professionals, consisting of all school staff, had a 26.7 percent seroprevalence, exposing the vast spread of the virus in schools that have reopened with few to no protective measures in place.

Underscoring the pandemic's impact on primarily low-income and working class populations, the second highest seroprevalence by group was among community health clinic patients and staff. These are clinics which receive federal funding to provide health care to underserved

populations, including Medicaid recipients and uninsured patients.

In regard to the ongoing impact of the pandemic on children, the AAP report also listed eight child deaths in Texas between October 28 and November 4, nearly half of the 17 pediatric COVID-19 deaths nationwide in that period. In total, 109 child deaths from COVID-19 have been recorded in Texas since the start of the pandemic, 17 percent of all recorded child deaths in the US, currently at 614.

The media is equally involved in a concerted campaign to cover up childhood infections and deaths. No news reports have been published by the corporate or local media on any of the child deaths recorded in the latest AAP report. This is true not just of the children in Texas, but also those in California, Colorado, Maryland, South Carolina, Guam, Tennessee, Virginia and Washington.

A culture of secrecy now pervades schools, with educators and parents reporting to the WSWS and on social media that they are not informed when their children are exposed to infected students.

If the study's findings are representative of the state's population, it would indicate that millions more Texans have been infected than officially reported. If the seroprevalence among child participants in the study (ages 5-19), at 36.5 percent, is indicative of the entire population of the same age in Texas, then 2,000,280 children older than 5 have potentially been infected.

This figure is over five times the cumulative student case count reported in Texas schools by the Texas Department of State Health Services (TXDSHS) for all of the pandemic, which stands at 363,996 as of this writing. The seroprevalence averaged for all participants, at 24 percent, would indicate that 7 million people have been infected in Texas, over 2 million more than the official count.

The survey itself hints at some of the causes of the undercount of infections. Only 18.97 percent of participants had previously self-reported a positive COVID-19 diagnosis, versus the 24.1 percent who tested positive for infection-derived antibodies using the N-test. That is, a significant number of participants were unaware that they had been previously infected. The abysmal state of testing in the US accounts for many millions of infections going undetected.

There are some limitations to the survey as well. Participation was voluntary and was focused in heavily urban areas, with the highest participation in the Austin area, followed by a slightly lower participation in Houston, Dallas-Fort Worth and San Antonio. There was significantly lower participation elsewhere in the state, meaning that many rural areas may be underrepresented. Although two-thirds of the participants were female, seroprevalence was nearly identical for males and females, making this largely

irrelevant.

Overall, the report is a damning indictment of the social crime being perpetrated by both the Republican state government and the Democratic Party, which controls many of the highly populated urban counties in Texas. The crime includes not only the entirely preventable spread of COVID-19, but also the extensive cover-up of it. It also exposes the rotten nature of the trade unions, particularly the American Federation of Teachers (AFT) and the National Education Association (NEA), which have forced their members to accept the full reopening of schools, despite millions of children being infected and thousands of educators dying as a result.

These policies serve the interests of the ruling elites, who sit on an increasingly unstable stock market and an astronomical amount of debt. They insist that the economy must be fully reopened, seeking to stave off the collapse of their moribund system, while continuing to accumulate obscene amounts of wealth. The full reopening of schools is an essential part of this scheme. The ruling elites and the capitalist politicians, who tell the population to learn to live with the virus, cannot be pressured to change their course.

To put an end to the mass infection of the population, and children in particular, workers must take matters into their own hands. This requires building independent rank-and-file committees, separate from the capitalist political parties and trade unions, to link together across state lines and all industries. These committees must be organized into a conscious movement of the working class internationally, fighting for a global strategy to eliminate COVID-19, as elaborated clearly in the recent webinar hosted by the WSWS and the International Alliance of Rank-and-File Committees (IWA-RFC).

We encourage readers to reach out to the WSWS today, to expose conditions in your schools and workplaces, and to build a committee in your area.



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