

Omicron is proving to be deadly serious for children in the US

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The American Academy of Pediatrics (AAP) reported that an additional 175,000 children were infected with SARS-CoV-2 for the week ending February 17. Despite the declines being celebrated by the media, this figure remains above even the peaks reached during Delta. Additionally, weekly childhood cases have exceeded 100,000 for 28 weeks in a row.

According to the AAP's tracker, 871 children have died thus far in the pandemic, with 20 more children in the last week and more than 82 in one month. Since the Omicron surge commenced in early December, 220 children have died, accounting for one-quarter of all child deaths, making clear that Omicron is not mild for children or adults.

In all, more than 12.5 million children in the United States have tested positive for COVID-19, representing 20 percent of all children. Of these infections, 7.5 million (60 percent) have been added to the ledger since the first week of September 2021, coinciding with efforts by states and the Biden administration to open all schools to in-person instruction. During the Omicron surge, 4.6 million children were infected with COVID, and of these, 1.9 million were added in just the last four weeks.

This surge of infections underscores the indisputable fact that schools are and remain essential sites for pediatric infections and community transmission. Worrisome is that all efforts to permanently dispense with any meaningful mitigation measure during the current downswing in cases will fuel yet another surge, driven by the BA.2 sub-variant of Omicron, which is accelerating across the country.

This sub-variant currently accounts for almost four percent of all infections nationally. And recent evidence notes that it can spread more quickly than the BA.1 sub-variant. It also appears to evade immunity from prior infections and vaccinations better. Perhaps most concerning, it also seems more virulent, attacking the lungs more efficiently in animal models than BA.1.

These findings indicate that children, who remain the least vaccinated, will continue to be significantly affected by COVID. Adding to parents' worries, Pfizer has postponed

its rolling application to the Food and Drug Administration (FDA) to include the two-dose regimen for children aged six months to four years because the proposed vaccination did not appear to generate a strong enough immune response.

The pharmaceutical giant has been saying that children may need three doses of the pediatric version of the vaccine (three micrograms), only one-tenth of the dose of the adult vaccines. There are calls by parents and advocacy groups for off-label use, which the AAP has previously advised against, until there is evidence to support this.

The bad news on vaccines has been compounded by recent findings that an Omicron-specific booster does not confer an advantage over the conventional third dose of the vaccines. David Montefiori, director of the Laboratory for AIDS Vaccines Research and Development at Duke University Medical Center in North Carolina, who has been studying the COVID vaccines, told *Nature*, "What we're seeing coming out of these preclinical studies in animal models is that a boost with a variant vaccine doesn't really do any better than a boost with the current vaccines."

More studies will be forthcoming but the current deadly stage of the pandemic has already exposed the extreme limitations of a vaccine-only strategy for a pathogen that has mutated to such an extent that it has developed immune evasion properties to escape any pharmacological offensives against it, including vaccines explicitly designed for it.

More pressing, however, in the context of the decision of governments at every level to surrender to the spread of the BA.2 sub-variant, is how children will fare.

According to the Centers for Disease Control and Prevention's (CDC) tracker, 434 children under five, 288 children between five and 11, 316 children between 12 and 15, and 308 children between 16 and 18 have died during the pandemic. In total, there have been 1,346 COVID-related deaths, while only five have been reported killed from the flu in the same period. Worse, those under five account for almost one-third of all COVID deaths.

In a recent Tweet, health care expert Gregory Travis published a graph showing that more than half of the

childhood COVID-related deaths occurred since November, a span of four months. In the graph, the “orange” line demonstrates the sudden steep rise in deaths due to the deadly Delta and Omicron waves ignited by school reopenings. In this regard, the teachers’ unions bear a significant responsibility, having enforcing a return to in-person learning in the midst of a pandemic.

Travis bluntly stated, “we are currently in a wave of pediatric death, unlike anything we’ve seen so far in the pandemic. It is largely invisible because most people and the media only pay attention to the lagging indicators, which have not caught up with the wave of child deaths that began in November.”

The CDC’s data is far more comprehensive than the AAP’s, but the agency and the mainstream press hardly ever mention these findings. In particular, the CDC leadership has played a criminal role in suppressing the publication of vital data, to the population’s detriment.

Beyond the more immediate concerns from acute infections and deaths that have affected children, an even more sinister aspect of COVID relates to the impact these infections will have on their health throughout their lives. One of the oft-repeated but objectively unverified claims, that children are immune to COVID, is being proven wrong.

A recent study released in preprint form from the prestigious Friedrich Alexander University Erlangen-Nürnberg in Germany attempted to answer one such question. The authors wanted to determine “the frequency and extent of persistent sequelae in children and adolescents after infection with SARS-CoV-2” in their lungs. Previous studies in adults had shown that even three months after the acute phase of their infection, blood vessel injury to the lung’s microvasculature was evident in over 65 percent of patients.

Using low-field magnetic resonance imaging (MRI), which avoids the non-ionizing radiation from conventional computed tomographic imaging (CT), the authors compared children and adolescents with previously PCR-confirmed SARS-CoV-2 infection to controls. Among those with previous COVID infection, 25 patients (46 percent) were diagnosed with Long COVID.

The comparative imaging demonstrated an increase in ventilation and perfusion defects in the lung tissue among those with prior infection. The study found that unaffected lung parenchyma was reduced from 81.2 percent in healthy volunteers to 60.8 percent in post-COVID patients.

The authors wrote, “In contrast to the consensus to date, assuming less severe COVID-19 infections and sequelae in younger patients, our study demonstrates widespread functional lung alterations are present in children and adolescents. This expands the understanding of pediatric

post-acute COVID-19 disease, with the relevance of our findings even increasing as SARS-CoV-2 incidence is rising in most countries.”

The level of dysfunction the authors found was unexpected and underscores the dangers posed by public health leaders such as Dr. Anthony Fauci and figures like Bill Gates who have essentially called infection with the Omicron variant a “natural” vaccine because the disease is supposedly mild and could help the world reach herd immunity faster than the burdensome process of inoculating almost eight billion people across the globe three times, if the booster is deemed essential to ensuring a person is “fully vaccinated.”

Indeed, the call to abandon all mitigation measures will have untold consequences for those fortunate to survive their repeated acute infections, regardless of their vaccination status.

Little is known about the impact COVID will have on the lives of billions of people, from immune dysregulation to opportune immune-related diseases, vascular and cardiac dysfunctions, chronic lung problems, kidney disorders and more.

However, the impact of the pandemic and mass infection on children is only now being investigated. The results of these studies suggest that COVID infections may have life-long consequences for these innocents, underscoring the criminal nature of the “live with the virus” strategy being enforced by governments around the world.



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