

# CDC remains silent on unexplained 25 percent cut in child COVID-19 deaths

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On March 16, 72,277 deaths, including 416 pediatric deaths, disappeared from the age demographics section of the COVID Data Tracker website run by the US Centers for Disease Control and Prevention (CDC). This resulted in the CDC's official COVID-19 pediatric death count dropping by nearly 25 percent. No substantive explanation has been given by the agency for this drastic reduction of age-demographic data.

The CDC gave an evasive reply to an initial inquiry by the *World Socialist Web Site* (WSWS), which was reported last week. The WSWS explained that this incident comes at a time when there is a concerted effort at the federal, state and local levels to reduce COVID-19 surveillance and data reporting and to hide the impact of the disease by differentiating between deaths and hospitalizations “with COVID-19” versus “from COVID-19.”

In a brief reply to the WSWS, CDC Public Affairs Specialist Jasmine Reed stated, “An adjustment was made to COVID Data Tracker's mortality data on March 14 involving the removal of 72,277—including 416 pediatric deaths—deaths previously reported across 26 states because CDC's algorithm was accidentally counting deaths that were not COVID-19 related.”

The WSWS has sent three subsequent inquiries to the CDC over the past week and a half and has not received a reply.

The CDC has not addressed the following pertinent questions asked by this reporter:

- How was the algorithm accidentally counting deaths that were not COVID-19 related?
- Why did this affect only 26 states, and which states were involved?
- Did the 72,277 deaths occur during a specific range of dates or across the duration of the pandemic?
- Were these deaths among patients who were diagnosed with COVID-19? In other words, were their

deaths re-classified despite a COVID-19 diagnosis?

- Why weren't the 72,277 deaths that were removed from the age demographics section also removed from the “Deaths Total” tally at the top of the Data Tracker webpage?

In the midst of the worst public health crisis in over 100 years, the public has a right to accurate, timely and uniform data. The CDC must answer the questions raised by the WSWS and thoroughly explain what happened.

Following the adjustment on the Data Tracker, multiple physicians, anti-COVID activists and journalists retracted their previous citations of the official pediatric death toll and accepted the CDC's explanation.

The major broadcast news and print publications, including the *New York Times* and the *Washington Post*, have not reported this development, nor have they reported on the rise in pediatric COVID-19 deaths during the Delta and Omicron waves. The handful of outlets that did report the changes to Data Tracker had also previously ignored the rising child death toll.

The WSWS has reported the record infections and deaths among children nearly every week since the disastrous reopening of schools during the Delta surge last fall. The COVID-19 impact on children escalated further, and dramatically so, during the surge of the Omicron variant. The UK-based *Guardian* was the only other publication to devote an article, on March 11, to the significant increase in pediatric deaths in the wake of the Omicron surge.

Following the change on Data Tracker, *The Guardian* revised its March 11 article and published a separate article on March 24 about the data “error.”

In addition to former CDC Director Tom Frieden and former CDC Media Relations Director Glen Nowak, the article quotes Jasmine Reed, who evidently sent the same automated message to multiple reporters, including those from the WSWS, *The Guardian* and Reuters.

The article also cites an anonymous “source familiar with the issue” and claims that the error was due to two questions asked of states and jurisdictions when they report fatalities to the CDC.

The article states:

One data field asks if a person died “from illness/complications of illness,” and the field next to this asks for the date of death. When the answer is yes, then the date of death should be provided.

But a problem apparently arose if a respondent included the date of death in this field even when the answer was “no” or “unknown.” The CDC’s system assumed that if a date was provided, then the “no” or “unknown” answer was an error, and the system switched the answer to “yes.”

Aside from this statement being unattributed and not publicly confirmed by the CDC, it raises its own questions, most importantly whether or not the fatality report is specific to COVID-19. If it is, the question about whether the person died from “illness/complication of illness” is redundant.

It appears that the system was originally programmed to assume that a “no” or “unknown” entry into the first field was an error. If so, why and when was the decision made to change this assumption? Did the CDC make an effort to verify whether “no” and “unknown” entries were in fact errors before removing the deaths from Data Tracker? If not COVID-19, what caused the deaths of these 72,277 people?

In the absence of a transparent clarification, the far-right and COVID-minimizers have seized upon this incident to push forward their own reactionary agenda and claim that the danger of COVID-19 to children is overblown. But even if one accepts as accurate the reduced pediatric death toll, over 300 child deaths have been recorded on Data Tracker since January 1.

Since the revision on March 16, more deaths have been added to the Data Tracker, including 35 child deaths, bringing the tally to 1,374 as of March 26. Currently, age information is only available for 790,985 deaths, while the total death toll, according to the Data Tracker, is 974,277.

The agency’s lack of transparency falls in line with systematic efforts by the political establishment in the US and internationally to blind the population to the spread of

COVID-19, while funding for essential surveillance and treatment programs runs dry, and the BA.2 subvariant of Omicron has initiated another surge of the pandemic across Europe and other parts of the world.

Across the US, the decline in cases since the peak of the Omicron wave in January has plateaued, and cases are rising in multiple areas where the BA.2 subvariant has gained a foothold, including in New York, Texas, Kentucky and most of New England. It is expected that BA.2 will become the dominant variant in the US within the next two weeks.

Meanwhile, cuts to various federal COVID-19 programs have already begun after Congress failed to approve \$15.6 billion in funding. This includes the ending of federal reimbursements to health care providers for testing and treating uninsured patients, which went into effect on March 22. The White House has stated that domestic testing capacity will be severely diminished by June, if more funding is not secured.

On March 23, *Nature* magazine published an editorial warning that the international cutbacks to surveillance and reporting in many countries are “not based on evidence. They are political, and they could have disastrous consequences for the world.” It notes that in the US, “All but eight states have scaled back to reporting data five or fewer days per week,” and Florida has reduced its reporting to every other week.

The fight to end the pandemic requires a robust system for monitoring, reporting and publicizing information on the spread of COVID-19. The necessary resources must be provided to ensure that all data collection systems in the US are greatly expanded, streamlined and presented to the public in a clear manner.

Within the context of an international, politically motivated cover-up of the pandemic, it is unacceptable for the CDC to fail to publicly and comprehensively explain what happened with its Data Tracker.



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