

Data cover-up deepens as at least 3 children die of COVID every day in the US

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Last month, the American Academy of Pediatrics (AAP) announced that it would discontinue publishing child hospitalization and mortality figures in its weekly “Children and COVID-19” report. The notice states that as of June 16, 2022, “due to only a portion of states reporting hospitalizations and deaths, we are no longer providing updates on cumulative hospitalizations and mortality data.”

The news highlights the degree to which surveillance and public reporting of the COVID-19 pandemic has been systematically shut down under the Biden administration, beginning with the Department of Health and Human Services ending the requirement for hospitals to submit daily death reports in early February.

Since the spring of 2020, the AAP has reported state-level information about child infections, hospitalizations and deaths. While the data has always been limited due its reliance on inconsistent public data from the states, the report has nevertheless been an important tool in tracking the far-reaching impact of the pandemic on the most vulnerable population in society. It has been particularly insightful in documenting the calamitous impact of the forced reopening of schools during the Delta and Omicron surges, during which the vast majority of infections, hospitalizations and deaths among children occurred.

The latest report notes, “Almost 13.8 million children are reported to have tested positive for COVID-19 since the onset of the pandemic according to available state reports; nearly 315,000 of these cases have been added in the past 4 weeks. Approximately 5.9 million reported cases have been added in 2022.”

It adds as well that for the week ending June 30, nearly 76,000 children were infected with COVID-19, up from 68,000 last week. By contrast, this is a 528 percent increase from the number of child cases reported a year prior on July 1, 2021.

The rising cases are part of the latest wave of the pandemic ripping through the United States and internationally. According to the US Centers for Disease Control and Prevention (CDC), the Omicron BA.4 and BA.5 subvariants are now dominant across the country, accounting for 70 percent of cases last week. The subvariants are known to be highly resistant to immunity from vaccines and prior infections.

The AAP’s last update for child hospitalizations recorded a cumulative total of 43,316 since the start of the pandemic but with data from only 25 states and New York City. It also recorded 1,055 deaths with data from 46 states, New York City, Puerto Rico and Guam.

Though alarming in themselves, the figures from the AAP are known to be undercounts due to the limitations noted above. Over 86,000 children ages 0-17 have been hospitalized from COVID-19 according to CDC data and at least 1,624 have died. The CDC Data Tracker, which is the most real-time source to track deaths by age group, has added 63 pediatric deaths in the past seven days alone, an average of nine per day. Over the past month, 101 pediatric deaths have been added to the Data Tracker, an average of over three per day.

Even these horrific figures are also likely undercounts. In a still unexplained incident, on March 16, 2022, the CDC abruptly removed 72, 277 deaths from the Data Tracker, including 416 pediatric deaths, or 25 percent of the total. Despite repeated attempts by the WWS to clarify this change to their data, the CDC never issued a clear explanation.

The only plausible explanation for this data manipulation can be gleaned from a report in the *Guardian* and a form publicized by anti-COVID activist Gregory Travis, which note that the CDC now differentiates between children dying “with COVID” and dying “from COVID.” Initially a far-right talking point at the start of the pandemic, this was adopted by the Biden administration and state Democrats during the Omicron surge last winter.

Though the discontinuation of hospitalization and death data in their weekly report is alarming, the AAP is correct in noting the scarcity of information being made public about the spread of COVID-19.

According to Johns Hopkins, at present half (25) of US states report case information only once a week. Only four states continue to report case numbers seven days per week: Texas, Arkansas, New York and New Jersey. Twenty-four states report COVID-19 deaths only once per week, while Nebraska and North Dakota report deaths “0 days” per week.

On March 18, North Dakota changed from daily reporting to once per week reporting, but the state’s new weekly dashboard does not include deaths. Instead, COVID-19 deaths are now

included in a provisional data report released by the Vital Records division once a month. Similarly, Nebraska's "Respiratory Illness Dashboard" does not publish COVID-19 deaths.

Other states that have reduced reporting since mid-March include Oklahoma, South Dakota, Utah, Kansas, Missouri, Michigan, North Carolina, Georgia, Montana and Vermont.

The CDC has led the charge in perpetuating the lie that tracking infections is not necessary. CDC Director Rochelle Walensky laughed during a recent interview when she stated, "I know we're not counting all the rapid [tests]... One of my favorite lines from somebody at the CDC was, 'you don't need to count the rain drops to know how hard it's raining.'" In fact, identifying cases is a prerequisite to isolating infected individuals and stopping the chain of transmission.

Nearly every state, in seeking to justify the reduction in reporting, cited the CDC's changes to its community risk guidelines in February, which sought to convince the public that risk was tied not to community transmission but to local hospital capacity.

Announcing the reduction in weekly reporting on April 4, a spokesperson for Michigan's Department of Health and Human Services stated, "The change in the way the state will report cases and deaths going forward adheres to a national surveillance strategy created by the U.S. Centers for Disease Control and Prevention."

On May 18, Vermont decommissioned its COVID-19 dashboard and changed to weekly surveillance reports, which its website states provide "the data and indicators most useful to help monitor and determine risk of COVID-19" but do not include mortality data. Death information, as well as more robust data sets with demographic information, is only available through the state's Open Geodata portal, which is also updated only once per week.

On a COVID-19 Update podcast episode in April, the American Medical Association interviewed Marcus Plescia, MD, MPH, the chief medical officer of the Association of State and Territorial Health Officials (ASTHO). The ASTHO consists of the chief health officials from each US state, Washington D.C., US territories and Freely Associated States. In the interview, Plescia stated that the reduction in data reporting is consistent with reaching "a different stage with how we're handling the pandemic."

Plescia repeated the lie that infections in themselves don't matter. "We don't want people to get COVID but people are going to get COVID and if they've been vaccinated, they're probably going to be okay," he said.

Every new detail that scientists learn about Long COVID, or Post-Acute Coronavirus Syndrome, underscores that this statement could not be further from the truth. At least 10 to 30 percent of people who contract COVID-19 will develop Long COVID and an estimated 20 million adults in the US currently suffer from persistent symptoms, which can affect nearly every

organ system in the body.

As for children, very little is known about the long-term impact that an infection will have on their health and development. The recent release of the Pfizer and Moderna vaccines for ages 6 months-5 years is an important but limited step toward protecting children from the most severe acute outcomes. Vaccines have been shown to reduce the incidence of Long COVID by only 15 percent in adults.

Many children ages 5-17 remain unvaccinated altogether. As of June 29, 2022, only 36 percent of children ages 5-11 had received at least one dose and only 29 percent had two doses. Among ages 12-17, 69 percent had received at least one dose and 59 percent had two doses.

With the intentional shutting down of surveillance and public reporting of COVID-19 data, it is increasingly difficult for people to track the disease and understand their own risk. This has ominous implications for the coming fall and winter when millions of children will be forced back into dangerous classrooms and during which time the White House has projected 100 million Americans could contract the disease.

WSWS writer Benjamin Mateus recently posted an important graph on Twitter that showed global youth and infant mortality rates across historical periods. Beginning at the turn of the 20th century there was a monumental reduction in youth mortality rates, driven by the major advances in public health, including vaccines, hygiene and other interventions to protect children from diseases. He noted this was not "because children were exposed to pathogens, but rather protected from them."

The current policies of the Biden administration and the CDC, which demand that the population "learn to live with COVID," in line with the profit dictates of the ruling class, are a direct attack on this progress. The working class must take charge in defending itself and the younger generations against a historical move backward. This requires building an independent movement based on a conscious fight for a zero-COVID program in every country to end the pandemic.



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