The US CDC and WHO weaken guidelines on COVID booster shots despite the ongoing pandemic

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30 March 2023

The US Centers for Disease Control and Prevention (CDC) issued new guidelines on Monday that only one shot of the bivalent booster against COVID-19 would suffice for anyone who received their last dose six months or more ago, regardless of their age or medical condition. This also leaves a big question mark over the promised annual COVID boosters that were in discussion as early as September 2022.

Without a doubt, the coronavirus continues to circulate throughout communities across the globe, posing an existential threat to anyone who becomes infected or reinfected with COVID. At the supposedly "low rates" now prevailing in the US, more than 100,000 Americans can be expected to die from COVID every year.

Additionally, numerous studies have shown that even mild infections can cause serious systemic injuries to a person's organs, leading to potential lethal consequences later in life. As Dr. Ziyad Al-Aly, clinical epidemiologist at Washington University in St. Louis, Missouri, recently said about the long-term impact of COVID, "This is not something that will go away in a week, in a year, or two, or three. This will reverberate with us for generations."

The Biden administration and every other capitalist government claimed that a vaccine-only strategy was sufficient to fight the pandemic. Now they are declaring that even this must come to an end. When Biden declared the pandemic over, he really meant that he was ending all efforts to help prevent severe disease and death among the most vulnerable. In May, the entire official COVID pandemic response will come to a halt, and working people will be left to defend themselves, by themselves, against the public health threat posed by the coronavirus.

In a terse statement, the CDC wrote, "At this time, one updated booster dose is recommended for everyone in order to maintain protection from severe illness. Receiving more than one updated booster is not currently authorized by the US Federal Food and Drug Administration." Meanwhile, only 16.4 percent of all eligible people have received the latest bivalent vaccines and less than 80 percent have even completed the initial two-dose series.

Placing this in context, this will leave in the lurch the 75 million people over the age of 60, the nearly 10 million who are immune-compromised, and fully half the US population that has at least one chronic medical condition. Exactly one year ago the CDC recommended that the immunocompromised and people over age 50 should receive an additional shot if they had received their first booster just four months prior.

The rationale for these earlier decisions was based on their own study that found immunity against the virus waned quickly, leaving people vulnerable to infection, particularly those who were immunocompromised. Follow-on studies with the bivalent boosters have found immunity from these shots also wanes rapidly.

A recent study published just this month in *The Lancet: Infectious Diseases* underscored the important point that although a third mRNA booster dose was "associated with a 26.2 percent reduction in incidence of infection and 75.1 percent reduction in incidence of severe COVID-19 over a year of follow up, protection against infection waned gradually by month after the booster and was negligible by the sixth month."

The authors concluded, "The booster was associated with considerable protection against infection and high protection against severe COVID-19 among people more clinically vulnerable to severe COVID-19, underscoring the value of booster vaccinations for this population."

A day after the CDC published its updated guidelines, the World Health Organization's (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) revised its guidance for COVID-19 boosters, recommending additional boosters at six months from the last shot only for those at highest risk of death or severe disease from COVID. These include people who are 60 and older or with underlying medical conditions that include pregnancy. Frontline health

workers were included as high risk.

Even though the SAGE guidelines are, for lack of a better word, relatively more comprehensive than those of the US CDC, many have taken the WHO to task on its about-face, as the agency issues statements that smack more of political expediency than concern for public health.

To halt the pandemic requires efforts to stop transmission by ramping up surveillance and tracking dashboards and investing in an international strategy to build up pandemic preparedness infrastructure. Instead the WHO writes, “Countries that already have a policy in place for additional boosters should assess the evolving need based on national disease burden, cost effectiveness and opportunity costs.” In other words, public health should take a back seat to financial interests which argue that the cure should not be worse than the disease.

Still, given the international health agency’s recommendations, a federal official speaking under conditions of anonymity told NPR that the FDA is reconsidering offering a second booster to those 65 years of age and older or with immune-compromised systems. The decision could come as early as this week. which would align the US with the approach being taken by Britain and Canada.

Dr. Peter Hotez, co-director of the Texas Children’s Hospital Center for Vaccine Development, observed, “Those doses are going to be expiring and will be thrown out. So, it makes sense to have those shots in arms instead of being tossed in the waste basket.”

Perhaps the most revealing statement to date made by the WHO was at Tuesday’s press briefing, when Dr. Maria Van Kerkhove, Technical Lead on COVID-19, noted, “At the present time, we are still in a Public Health Emergency of International Concern at a global level as well as still a pandemic. The virus is still circulating. [But] we are in a much better situation than we were at the beginning of this pandemic. While we still see a lot of circulation of the virus, we are not seeing the same level of impact. And by impact we mean there is reduced incidence of hospitalizations, ICU admissions and deaths. But the threat isn’t over.”

She added, “We still see between five to ten thousand deaths per week. These are largely among individuals who are of older age, they may not have been vaccinated or received the full number of doses that are required for them at their age. So, the threat remains.”

Van Kerkhove then explained, “One of the big uncertainties we face going forward is the virus itself. It hasn’t settled into a predictable pattern and continues to evolve. Omicron is the variant of concern that remains dominant worldwide and there are still 600 sub-lineages of Omicron that are in circulation … We will continue to see waves of infections [though] the peaks of those infections will not be as large as we saw before and likely will not be because we have population-level immunity that has increased around the world from vaccination and also from past infection.”

She continued:

> However, one of the things we are very concerned about is the potential for the virus to change—to become not only more transmissible but [also] more severe. We have to remain vigilant. We have to have systems that are in place to have strong surveillance so that we can track variants that are known to be in circulation and detect new ones so we can have agile systems to scale up or scale down; the need for clinical care; making sure we have good anti-viral [treatments] that are in use and given to patients who need them when they need them to prevent severe disease; and really critically to focus on vaccinating those who are most at risk.

Van Kerkhove then warned that no one can predict how this pandemic will unfold but that all indications were that the virus was here to stay. One of the variants that the WHO is tracking, XBB.1.16, has recently caused a wave of new infections across India. It has a similar profile to XBB.1.5, but with one additional mutation in its spike protein that has been shown in the laboratory setting to cause increased infectivity and pathogenicity.

Meanwhile, as these discussions were taking place, a deadly outbreak of Marburg virus, which causes a disease like the Ebola virus and is just as lethal, has spread from rural districts of Equatorial Guinea and been found in the country’s commercial capital, Bata, raising concerns of a broader outbreak. The outbreak, which began last month, has now been confirmed to be much larger than previously expected with nine laboratory-confirmed cases with seven fatalities. There are also 20 suspected cases, of whom have all died.