

FDA approves the latest COVID booster shots but there is no push for mass vaccination

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The US Food and Drug Administration (FDA) approved and granted emergency use authorization Thursday for updated mRNA COVID-19 vaccines developed by Pfizer, Moderna and Novavax. The action came on the final day of the Democratic National Convention in Chicago, one of innumerable superspreader events being held with the full support of the Biden-Harris administration and public health officials, who have abandoned any serious effort against the pandemic.

The DNC nominated Vice President Kamala Harris as its presidential candidate, after a four-day celebration in which the COVID pandemic was portrayed as something in the rear-view mirror, an accomplishment for President Biden to boast about when it was even mentioned (rarely).

The truth is, however, that Biden is already responsible for far more COVID deaths than his predecessor. At a 2020 debate, Biden correctly said that the 200,000 deaths of Americans that had already occurred should disqualify President Trump from remaining in the White House. By the time Biden departs the White House next January, the death toll during his four-year term could well be more than one million people.

The last thing any Democratic Party politician wanted to do was to stand before the convention and a national television audience and talk about the daily toll from the pandemic, now estimated to be 1.3 million new cases per day, with nearly 100 deaths. And this before the return of students to the classrooms and college campuses.

According to modeling estimates by Dr. Mike Hoerger on national SARS-CoV-2 wastewater concentrations, there have been 179 million COVID infections in the US just in 2024. He noted, “Keep in mind, November and December will be particularly bad, and now through October is still bad too.” By comparison, in all of 2023, 248 million Americans were infected, or roughly three-quarters of the population. At the current rate, 2024 could surpass that. In all, he estimated that there have been more than 1.1 billion infections, just in the United States, since the start of the pandemic.

Meanwhile, emergency room visits, hospitalizations and deaths have been climbing since the lows in May 2024. Deaths are up to 690 per week as of the end of July, up nearly 20 percent from the same point the previous year. Presently, 26,000 people have died from COVID in 2024 thus far. At this

rate between 50,000 and 60,000 deaths acute deaths can be expected not accounting for excess deaths or those caused by health complications as result of infection or reinfection.

Why weren't public health efforts advanced when the summer surge indicated not everything was well? Why weren't the vaccines made available then?

Simply put, the Centers for Disease Control and Prevention (CDC) and the FDA were told not to rock the boat which the Biden administration devoted its efforts to promoting war and nationalism, ending the social spending triggered by the COVID emergency and funneling these funds into military aid to Ukraine, support for Israel in Gaza, and a further build-up against China in the Indo-Pacific.

Although the FDA had advised manufacturers in June that they should use the JN.1 strain for their latest formulation, rapid viral evolution spawned the KP.2, KP.3, and KP.3.1 strains that are now dominant in the US, compelling the agency to request Pfizer and Moderna to utilize the KP.2 strain, “if feasible.” Even this version of the vaccine is trying to catch the tail of a fast-moving target. The KP.2 variant of SARS-CoV-2 now accounts for less than three percent of all currently sequenced viral genomes.

Even the *New York Times*, the semi-official publicist for the forever COVID policy, offered the following accurate assessment of the state of the ongoing pandemic:

For the frailest Americans, who have been dying of COVID in growing numbers this summer, the shots could offer a reprieve from a virus that disproportionately endangers those whose vaccinations are out of date. But the approval is occurring months after wily new variants began driving up infections, a matter of consternation for some scientists who have urged faster turnabouts for updated shots.

In the FDA statement informing of the EUA approval, Dr. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, wrote:

Vaccination continues to be the cornerstone of COVID-19 prevention. These updated vaccines meet the agency’s rigorous, scientific standards for safety, effectiveness and manufacturing quality. Given waning immunity of the population from previous exposure to the virus and from prior vaccination, we strongly encourage those who are eligible to consider receiving an updated COVID-19 vaccine to provide better protection against currently circulating variants.

Despite the limitations, the uptake of the vaccines is vital for the health of the population. The shots have a strong, proven safety record and do prevent severe disease and potentially reduce the risk of Long COVID, as studies have indicated. However, they do not prevent infections and the immunity they offer is short lived given the the constant mutation of the virus. Therefore, the FDA assertion that “vaccinations are a cornerstone of COVID-19 prevention” is false and foments public mistrust.

The only real preventive measure is a systematic public health mobilization to eliminate the virus. Stopping SARS-CoV-2 from continually spreading through the population remains feasible and is the only scientific solution to the growing public health crisis posed by Long COVID, which has become the most common ailment across the globe. A recent study by Long COVID expert Dr. Ziyad Al-Aly estimated that by the end of 2023, there were at least 410 million people with Long COVID. The study put the global economic cost of the condition at about \$1 trillion annually.

The boosters from Pfizer and Moderna are expected to be available at pharmacies by the first week of September for those six months of age and older. Novavax, which uses the virus’s spike protein instead of the mRNA, as a target for the immune system, expects its updated version to be available later.

However, with the Federal Bridge Access Program set to end on August 31, 2024, the 26 million uninsured and tens of million more with inadequate coverage, an estimated 43 percent of adults age 19 to 64, will have to weigh the decision to obtain a vaccine that costs between \$120 to \$130 per dose. A Kaiser Family Foundation analysis from February 2024, estimated that people in the US owe at least \$220 billion in medical debt; 14 million owe over \$1,000 and about three million owe more than \$10,000.

Given the abysmal rates of vaccination last year, the end of the program will only mean that the current campaign to get people vaccinated will have little success. The year-to-year trend is unmistakable.

On October 22, 2022, six weeks after the first bivalent COVID boosters were introduced, more than 18 million people received the vaccines. By mid-October 2023, six weeks after the second iteration of the COVID boosters was introduced,

only seven million Americans had taken the vaccines. By the four-month mark, or mid-January 2024, at the height of the winter wave, only 20 percent of the population had received a booster.

As a Minneapolis physician, Dr. Zeke McKinney recently observed, “We don’t have the community push or diffusion of vaccines the way we once did. It’s mostly up to everyone on their own to figure it out.”

In its report on the FDA approval and the roll-out of the COVID boosters, the *Times* wrote, the prospects of any meaningful impact “remains dim... The availability of boosters has not translated into actual vaccinations. By spring, only one in five adults had received last year’s updated Covid vaccine. Even older Americans, who are at far greater risk of being severely sickened, largely spurned the shots, with only 40 percent of people 75 and older taking last year’s vaccine.”

Nursing homes and long-term care facilities have seen a significant delay and decline in their vaccination status. According to the CDC’s dashboard, as of the end of July, only 31 percent of nursing home residents are up to date on their COVID-19 vaccines.

Contrary to the suggestion of the *Times*, the blame for the poor uptake of vaccine boosters cannot be placed on the elderly, and still less on nursing home residents. The main reason is the lack of resources to make vaccines available, and the desire of the corporate elite to look on the “bright side” of the pandemic.

Mass death among the elderly, the infirm, and the immunocompromised is viewed as a positive good by the financial aristocracy, which begrudges every penny spent to keep people alive who no longer produce profits for the capitalist class. This homicidal logic is increasingly embraced by the capitalist politicians of both parties.



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