

Kennedy unilaterally ends COVID vaccine recommendation for children and pregnant women

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In an extraordinary video released Tuesday, three of the Trump administration's top health officials announced a major rollback in vaccine access in the US, stating that the Centers for Disease Control and Prevention (CDC) would no longer recommend routine COVID-19 shots for healthy children and healthy pregnant women.

The video was posted to the X/Twitter account of Health Secretary Robert F. Kennedy Jr., who was flanked by National Institutes of Health (NIH) Director Jay Bhattacharya and Food and Drug Administration (FDA) Director Marty Makary. All three have promoted anti-vaccine disinformation throughout the COVID-19 pandemic, and bear significant responsibility for the abysmal vaccine uptake rates in the US, which have led to hundreds of thousands of needless deaths over the past five years.

The decision was announced without any consultation with the CDC's Advisory Committee on Immunization Practices (ACIP), the expert panel that oversees vaccine recommendations based on data review. Notably, the CDC is currently without a permanent director.

This move departs from the CDC's previous guidance recommending annual COVID-19 shots for everyone aged 6 months and older, including during pregnancy. Bypassing the established process involving ACIP, the Trump administration seeks to undermine the normal procedure for vaccine recommendations and the role of scientific expert input, as part of a broader fascist attack on science and public health involving the mass layoffs of over 20,000 workers across HHS agencies and the cutoff of billions of dollars in research grants.

Kennedy's video was posted without any scientific data to back up the decision, because none exist. Contrary to the fraudulent claim advanced by Kennedy, Bhattacharya and Makary that children and pregnant women are at "almost no risk" from COVID-19, the excess death rate for children between the ages of 5 and 17 has persistently remained above pre-pandemic periods, as carefully documented by data scientist Greg Travis.

Infants younger than 6 months are at the highest risk of severe COVID-19 disease and hospitalization among pediatric age groups. Children with one or more underlying medical conditions—including obesity, diabetes, heart disease, chronic lung diseases, neurological disorders, and prematurity—are also at higher risk of severe outcomes.

Research indicates that young people with at least one underlying condition are significantly more likely to require critical care and more likely to die from COVID-19 compared to those without. However, approximately half of children hospitalized for COVID-19 between July 2023 and March 2024 had no underlying medical

conditions.

Although deaths from COVID-19 are comparatively rare in children (over 1,800 have been reported in the U.S. through provisional data from the CDC), this remains far higher than deaths from the seasonal flu in the same period. Yet, the flu vaccines continue to be recommended for the same population.

Beyond acute illness, estimates of Long COVID among children vary, but studies suggest at least one percent of children in the US, or about one million, have experienced long COVID, even after mild or asymptomatic infections. Noted Long COVID researcher Danielle Beckman responded to Kennedy's tweet, writing:

LIES. Examining more than 386,219 kids and teens, scientists have shown that #COVID vaccine reduces the chances of developing #LongCovid by at least 20%. Make America healthy Again... by giving them a disease for the rest of their lives with no treatment available. #LongCovidKids"

Data from the New Vaccine Surveillance Network (NVSN) from July 2022–September 2023 found that among children aged 6 months–4 years hospitalized or seeking care in emergency departments for acute respiratory illness, 86 percent had not received any COVID-19 vaccine. Despite low vaccination coverage in this age group, receipt of at least two COVID-19 mRNA vaccine doses was 40 percent effective in preventing emergency department visits and hospitalization. These findings support existing recommendations for vaccination in young children to reduce associated ED visits and hospitalization.

Kennedy, Bhattacharya and Makary are also covering up the fact that COVID-19 infection during pregnancy has been associated with substantial health risks for both the mother and child.

A multinational cohort study (INTERCOVID) comparing pregnant women with and without COVID-19 diagnosis from March–October 2020 found that infected women were at significantly higher risk for severe maternal morbidity and mortality, including preeclampsia/eclampsia, severe infections, ICU admission, and maternal death. They also faced increased risks of preterm birth, medically indicated preterm birth, and severe neonatal complications.

Asymptomatic infected women still had a higher risk of maternal morbidity (RR 1.24) and preeclampsia (RR 1.63). Symptomatic infection, especially with fever and shortness of breath, was strongly

associated with severe maternal and neonatal complications and preterm birth. Preexisting morbidities and being overweight also increased the risk of complications in infected pregnant women.

Vaccinating pregnant women provides protection to both the mother and the newborn. Maternal vaccination can help protect infants after birth, as they are not eligible for vaccination before 6 months of age and face a high risk of hospitalization. Data from 2022-24 indicated that a large majority of babies hospitalized for COVID-19 were born to unvaccinated mothers. The CDC had recommended COVID-19 vaccination during pregnancy year-round.

In a separate widely-shared tweet, Beckman added, “COVID infection in pregnancy is shown to impact fetal brain development via maternal and placental immune activation. Several adverse neurodevelopmental outcomes have been reported.”

Kennedy, Bhattacharya and Makary have also amplified misinformation about the risk of heart inflammation (myocarditis) associated with COVID-19 vaccines, despite this question having been previously addressed by public health experts and physicians. While COVID-19 vaccines have been linked to rare instances of myocarditis, particularly in adolescent boys, most cases have been mild and resolved quickly.

A meta-analysis of studies covering over 55 million vaccinated individuals and 2.5 million infected individuals found that the risk of myocarditis was more than seven times higher in persons infected with SARS-CoV-2 than in those who received the COVID-19 vaccine. Among those who developed myocarditis after vaccination or infection, 61 percent were men. Younger populations, especially males, were at higher risk of vaccine-associated myocarditis. Despite the risk of myocarditis, the meta-analysis supported the continued use of mRNA COVID-19 vaccines among eligible persons per CDC and WHO recommendations.

The American College of Obstetricians and Gynecologists (ACOG) expressed concern and disappointment regarding the decision to no longer recommend COVID-19 vaccination during pregnancy. Steven J. Fleischman, MD, FACOG, president of ACOG, wrote:

It is very clear that COVID-19 infection during pregnancy can be catastrophic and lead to major disability, and it can cause devastating consequences for families. The COVID-19 vaccine is safe during pregnancy, and vaccination can protect our patients and their infants after birth.

ACOG noted that despite the change in recommendations, the science regarding the dangers of infection during pregnancy and the safety and benefits of vaccination have not changed. They also voiced concern about potential impacts on vaccine confidence and insurance coverage, which could create barriers to access even for those who wish to be vaccinated. Removing the vaccine from the CDC’s recommended schedule could affect whether insurers cover it, as coverage under the Affordable Care Act is often tied to ACIP recommendations.

In a separate significant attack on science, on Tuesday Kennedy also threatened to stop government scientists from publishing in major medical journals. These include the *New England Journal of Medicine* (NEJM), the *Journal of the American Medical Association* (JAMA) and *The Lancet*, three of the most influential medical journals in the world, which Kennedy falsely claimed are “corrupt” and influenced

by pharmaceutical companies.

Meanwhile, as the Trump administration’s wrecking operation on public health accelerates in the US, they are exporting these fascistic policies globally.

Also on Tuesday, the US and Argentina announced the launching of an “alternative international health system” separate from the World Health Organization (WHO), from which both the Trump administration and his far-right Argentinian ally Javier Milei withdrew in January. The aim is to further destabilize international cooperation, erode trust in scientific institutions, and amplify conspiracy theories.

In their joint statement announcing the new international pseudoscience agency, Kennedy and Argentine Health Minister Mario Lugones framed the exit from WHO as a response to the agency’s “structural failures” during COVID-19, accusing it of “political control” and “corruption.” Kennedy declared that the new system would prioritize “gold-standard science free from totalitarian impulses,” coinciding with Milei’s government simultaneously announcing plans to slash public health funding by 30 percent, a patently totalitarian attack on science.

Critically, the initiative explicitly blames China for the COVID-19 pandemic, with Kennedy alleging the WHO “covered up Beijing’s role in COVID’s origins”—a claim debunked by multiple international studies but central to Trump and Milei’s extreme nationalist and fascist rhetoric.

The alternative framework prioritizes “national sovereignty” over collective action, rejecting WHO-coordinated vaccine distribution, outbreak surveillance, and data-sharing protocols. Public health experts warn that fragmenting the global health infrastructure undermines the world’s preparedness for the next climate-driven or pandemic health crisis.

The new organization will also legitimize the anti-science movements that are rapidly being enshrined as official policy by far-right governments globally. Trump’s administration previously promoted hydroxychloroquine and dismissed mask mandates, while Milei has called climate change a “socialist lie.” Their alliance institutionalizes distrust in science, with Argentina’s new vaccine approval process echoing Kennedy’s anti-public health prerogatives by requiring placebo-controlled trials even during emergencies, directly contradicting global ethical standards.

As Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, warned, “Dividing the world into competing health systems will cost lives. Viruses do not respect borders or ideologies.”

This maneuver is less about reforming global health than consolidating power for leaders who have repeatedly shown contempt for science and public health. By dismantling trust in institutions and replacing cooperation with fragmentation, it jeopardizes decades of progress in disease eradication and places the well-being of the entire global population in jeopardy.



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