

# As over 1 million Americans are infected with COVID daily, Trump administration plans further cutoff of vaccines

**Benjamin Mateus**  
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As the United States enters the peak of its 11th wave of the ongoing COVID-19 pandemic, with an estimated 1 million new infections per day, Health Secretary Robert F. Kennedy Jr. continues to dismantle the nation's public health system. At the center of this attack on science is the upcoming September 18–19 meeting of the Advisory Committee on Immunization Practices (ACIP), whose agenda and composition now reflect Kennedy's long-standing promotion of anti-vaccine disinformation.

The stage was set for this war on vaccines with the abrupt firing of CDC Director Dr. Susan Monarez, who, just weeks into her tenure, reportedly refused to “rubber-stamp” Kennedy's diktats. Her dismissal was immediately followed by the appointment of new ACIP members, many of whom lack formal immunization expertise and have publicly echoed Kennedy's vaccine skepticism. With this move, a once-critical scientific advisory body is being recast as a partisan instrument, undermining decades of immunization policy at a moment when viral transmission of COVID, and for that matter, other pathogens, are once more accelerating across the country.

According to the latest September 8 report from the Pandemic Mitigation Collaborative (PMC), led by Dr. Mike Hoerger, an alarming 1 in 93 Americans are currently infectious with COVID. The model PMC estimated that new daily infections surpassed 1 million on September 6, with the country peaking at 1,006,000 daily cases, although regional variations are considerable.

Dr. Hoerger warned that “significant transmission occurs post-peak,” underscoring the urgent need for sustained efforts that include masking with N95s, use of various anti-viral nasal sprays, and other layered mitigations. At present, transmission is classified as High or Very High in 21 states and territories, particularly in the South and West, with the virus spreading toward other regions. While Very High areas are expected to enter decline, the PMC anticipates renewed surges in states where transmission was previously low.

These high rates of infection and reinfection have known profound public health consequences.

On average, each American has now been infected 4.2 times, and nearly half the population has contracted the virus at least once in 2025 alone. The PMC estimates 1,300 to 2,100 excess deaths per week, totaling 50,000 to 60,000 annual deaths from COVID-19 and related complications. Meanwhile, Long COVID remains a mass disabling event, affecting an estimated 6 percent of those infected, which can have consequences comparable to stroke, rheumatoid arthritis or Parkinson's disease in severe instances. The current wave alone is projected to produce up to 720,000 new Long COVID cases

in the months ahead.

Drawing on recent data from the Centers for Disease Control and Prevention (CDC), the heightened vulnerability of the youngest Americans to COVID-19 is striking. While cumulative hospitalization rates from July 2024 to May 2025 were highest among adults aged 75 and older, infants under 6 months followed closely behind, a clear indicator of the severe risks faced by the “immune naive.” The cumulative COVID-19–associated hospitalization rate for infants in this group reached 268 per 100,000, virtually identical to the rate for adults aged 65 to 74, which stood at 266 per 100,000.

No COVID-19 vaccine is currently approved for infants under 6 months, meaning any protection depends entirely on the transfer of maternal antibodies, either from vaccination during pregnancy or prior infection. These findings make clear that the disease burden on the youngest and most immunologically unprotected Americans now mirrors that of the elderly, a population long known to be at highest risk of severe outcomes.

The same data confirm that vaccination status remains the strongest predictor of disease severity. Among children and adolescents aged 6 months to 17 years who were hospitalized with COVID-19 between October 2024 and March 2025, 89 percent had not received the most recently recommended vaccines.

This pattern is applicable to adults. Most who are hospitalized had not received a single COVID-19 vaccine dose since July 2023. Among adults aged 65 and older, 65 percent of those hospitalized had no record of receiving the 2024–2025 recommended vaccine. Pregnant individuals were even more unprotected, with 92 percent of those hospitalized with laboratory-confirmed COVID-19 symptoms having not received any vaccine dose since July 2023. Across every demographic examined, the CDC data points to a consistent and urgent conclusion that failure to vaccinate is directly correlated with severe disease requiring hospitalization.

Contrary to the widespread perception that only children with underlying health conditions are at risk of severe COVID-19, data from the CDC reveals a far more alarming reality. In fact, many hospitalized children had no pre-existing medical conditions at all. This is particularly true among the youngest patients. Among infants under 6 months hospitalized for COVID-19, a staggering 71 percent had no known underlying conditions. Similarly, 54 percent of children aged 6 to 23 months hospitalized with COVID-19 were otherwise healthy. Even among children under age 2 admitted to intensive care units (ICUs), most had no prior health issues.

Overall, the data show that one in four children under 18 years old

hospitalized for COVID-19 required ICU-level care, a stark indicator of how severe the disease can be, even in children with no recognized risk factors. These findings dismantle the myth that healthy children are largely safe from the worst outcomes of infection and should not receive COVID vaccines. Instead, they demonstrate that COVID-19 remains a serious and unpredictable threat to pediatric health, capable of causing critical illness in previously well children with no medical vulnerabilities.

Precisely because COVID-19 continues to endanger the population, including more than 90 children who have died in the US in the past 12 months alone, public health experts are voicing growing alarm over the direction of the upcoming ACIP hearing. The meeting will feature a presentation by the Food and Drug Administration (FDA) purporting to link the COVID vaccine to 25 child deaths. The move has “alarmed career scientists,” with many seeing it as a politicized exercise orchestrated at the behest of Kennedy, who has repeatedly claimed, without evidence, that childhood vaccinations are deadly.

Among the FDA officials expected to present is Dr. Tracy Beth Høeg, a vocal opponent of broad pediatric COVID vaccination and a frequent critic of mitigation strategies. Public health advocates have condemned the focus on speculative vaccine harms, arguing it dangerously downplays the threat of the virus itself. That number is believed to be an undercount, given the known lag in pediatric death reporting.

The FDA’s claims are reportedly based on data from the Vaccine Adverse Event Reporting System (VAERS), a passive surveillance tool jointly managed by the FDA and CDC. However, critics emphasize that the agency is misapplying the database, which is explicitly designed as a signal detection system, not proof of causality. VAERS accepts reports from anyone—physicians, patients, caregivers—without independent verification. Even the system’s official website warns that reports “may contain incomplete, inaccurate, coincidental, or unverifiable information” and that the data “should not be used to determine rates or establish causal relationships.” Nonetheless, under Kennedy’s direction, these limitations are being willfully ignored to amplify unsubstantiated claims of vaccine harm.

Dorit Reiss, a professor of law at the University of California College of the Law, San Francisco, and a leading expert on vaccine policy, sharply criticized the misuse of VAERS data to claim vaccine-related deaths. “To identify causation to a vaccine,” she explained, “you need to show that the cause of death was something the vaccine caused, and by itself, a VAERS report would not show that. You need larger studies comparing incidents of the harm with or without the vaccine.” Reiss emphasized that health agencies use VAERS as a signal detection tool, designed to flag potential safety concerns for further study and not as a scientific basis for establishing causality. The decision to present these raw reports as conclusive evidence at a federal advisory meeting marks a serious breach of standard public health practice and opens the door to politicized fearmongering.

This calculated reshaping of scientific advisory bodies, combined with the misuse of vaccine safety data, has provoked alarm from leading public health officials. Dr. Demetre Daskalakis, who resigned as director of the CDC’s National Center for Immunization and Respiratory Diseases in August 2025, warned in his resignation letter that the “firewall between science and ideology has completely broken down.” He stated publicly that the CDC could no longer reliably present science “free of ideology,” and that career scientists were being increasingly sidelined by political appointees.

Noel Brewer, a former vaccine adviser on the Advisory Committee on Immunization Practices (ACIP) who was removed during the committee’s overhaul, directly accused the administration of “leveraging this platform to share untruths about vaccines to scare people,” adding that “the US government is now in the business of vaccine misinformation.” These developments point to a growing politicization of federal public health bodies, where evidence-based guidance is being replaced with messaging aligned to a predetermined ideological agenda.

The actions spearheaded by Kennedy and his restructured ACIP go well beyond the immediate crisis of COVID-19. They represent an existential threat to the foundation of modern public health. By narrowing or removing vaccine recommendations, including for COVID-19 in healthy children and pregnant women, and reportedly reviewing long-standing childhood immunizations like Hepatitis B and MMRV, the administration is directly undermining the legal and scientific guarantees that ensure no-cost vaccine coverage for millions of Americans through private insurance, Medicaid, and the Vaccines for Children Program.

This politically motivated dismantling of vaccine policy, mirrored in states like Florida, led by antivaccine zealots such as Dr. Joseph Ladapo, who is in the process of stripping essential school vaccine mandates, risks a return to a pre-vaccine era. In such a scenario, preventable diseases like measles, pertussis and chickenpox could once again surge, especially as kindergarten MMR vaccination rates have already dropped below herd immunity thresholds in several regions. More alarmingly, the misuse of data systems like VAERS to manufacture doubt, coupled with the purge of experienced scientific advisers, has shattered public trust in health agencies.

As principled health experts have repeatedly warned, this erosion of institutional credibility extends far beyond current vaccination efforts, threatening future public health initiatives, medical innovation, and global pandemic preparedness. The implications are profound. They are dismantling a century’s worth of scientific progress to advance a radical political agenda, endangering both the current generation and the future capacity of society to protect itself from infectious disease.



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