



Christ Care
PEDIATRICS

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COVID VACCINES FOR HEALTHY CHILDREN?

As you read this it will become clear that I am not a supporter of SARS-CoV-2 vaccination for most children. However, I do not want to discourage or alienate anyone who has received COVID vaccination or has opted for their child to be vaccinated. Six of our seven adult children and three of our daughters-in-law have been vaccinated with either the Moderna or Pfizer vaccine. We are all in this together. I see people almost every day who have differing views on COVID vaccination, but one thing they all have in common is love for their children. If you have chosen vaccination for your family, please stand with those who have decided that is not their best option, and if you have chosen not to vaccinate, please stand with those who have chosen to do so. We all need each other. We need to seek to understand one another and extend grace and kindness to everyone. We are one People and one Nation under God, and this is not a pandemic of the unvaccinated or the vaccinated.

As parents our greatest fear is something bad happening to one of our children, and the thought of something bad happening as a result of a choice we made is a soul crushing burden to bear. Every parent in America with a school aged child is now faced with an unavoidable choice. The FDA authorized the emergency use of the Pfizer COVID-19 vaccine for the prevention of COVID-19 in children 5-11 years of age on 10/29/21, so what should we do? Well, let's consider a few simple questions to try to bring some clarity to the issue.

What is the risk to our children if they are not vaccinated? There are some 28,000,000 children 5-11 years old in our nation. Since the pandemic began until shortly before the time of this writing, there were 94 known COVID related deaths

of US children from this age group. I do not know the tragic stories behind the loss of those 94 precious children, but I strongly suspect that most of them had significantly complicating medical problems. That does not make their deaths any less heart breaking, but it is important to understand that healthy, non-obese children rarely, rarely, rarely die from COVID. If a child is obese or has certain complicating medical problems the risk is increased, but depending on the medical problem, may still be very low. Ultimately, some risk is involved in everything we do or don't do. For perspective consider that in 2019, six hundred twelve children 12 years old or younger died as a result of being a passenger in an automobile crash.

In June 2021 the CDC estimated that 42% of the children in this age group had already recovered from COVID. This was before the Delta Variant became so prevalent; therefore, that number is significantly higher now. Also, there are now multiple studies which indicate that having recovered from COVID provides excellent long-term immunity. One large study from Israel concluded that "natural immunity (immunity after recovering from the virus) confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 (Pfizer) two-dose vaccine-induced immunity." Another study from the Cleveland Clinic entitled, "Necessity of COVID-19 vaccination in previously infected individuals", followed 52,238 employees of the Cleveland Clinic Health System for 5 months. For previously-infected people, the cumulative incidence of re-infection "remained almost zero." According to the study, "Not one of the 1,359 previously infected subjects who remained unvaccinated had a [Covid-19] infection over the duration of the study." The study scientists conclude that, "Individuals who have had [Covid-19] infection are unlikely to benefit from COVID-19 vaccination."

So is the risk that my healthy child could die from COVID zero? Well no, but nothing in life has zero risk, and their risk from COVID is likely several times less than their risk from riding in an automobile during the upcoming year.

What is the risk to our children if they are vaccinated? This question is more difficult to answer for several reasons: we do not have long term safety data for these vaccines. The clinical trial studies did not include lab work to look for inflammation, blood clotting problems or cardiac damage which have all been reported to the CDC and FDA as rarely occurring following the vaccines. Also, there were only about 3,000 children 5-11 years of age in the vaccine trials, so rare side effects might not

be detected with such a small number of children being vaccinated. The Vaccine Adverse Events Reporting System (VAERS) is a passive surveillance system established by the CDC and FDA in 1990. The purpose of VAERS is to detect side effects and injuries from vaccines that may not have been apparent during clinical trials. Anyone can make a report to the system, but probably about 70% of the reports come from physicians or nurses. One of the categories for which a record is kept in VAERS is deaths following vaccination. In the 30 years prior to 2021 there averaged about 150 deaths/year reported to the system. This included flu shots and all other vaccines given. This does not tell us whether those deaths were actually caused by the vaccinations given, but only that a person died sometime after receiving the vaccination, and that someone else was concerned enough about a link between the vaccination and the person's death to make a report to VAERS. From January 1, 2021 — November 12, 2021 there have been 8,664 deaths reported to VAERS following COVID vaccinations. Considering that over 200,000,000 Americans have received a COVID vaccine, 8,664 is a very low percentage (0.004%), but it is over 10 times more than 0.0003%, which is the percentage of 5-11 year old American children who have died from COVID since the beginning of the pandemic. Additionally, in a study of the VAERS data and myocarditis following vaccination Tracy Beth Høeg et al., concluded that, "The risk of CAE (cardiac adverse event) for a boy receiving his second dose of the vaccine is 2 to 6 times higher than the 120-day risk of hospitalization in boys 12-17 without underlying medical conditions." In other words, considering reports made to VAERS, a healthy 12-17 year old boy who receives 2 COVID vaccines has nearly a 2 to 6 times greater risk to develop inflammation of his heart muscle or the lining around his heart than to be hospitalized with COVID if he does not receive the vaccine. Finally, in a mostly adult study appearing in the November 15, 2021 issue of the journal, "Circulation" a study entitled, "**Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS (acute coronary syndrome) Risk as Measured by the PULS Cardiac Test: a Warning**", concluded, "that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination."

Why do these vaccines sometimes cause inflammation of the heart? It now seems most likely that the SARS-CoV-2 S1 portion of the spike protein which is coded for by the mRNA in the COVID vaccines is toxic to cardiac cells and inflammatory. Additionally, in another study by Sandhya Bansal et al., published in, "The Journal

of Immunology”, on October 15, 2021 it was, “demonstrated (that) induction of circulating exosomes (cellularly secreted membranes) expressing spike protein (were present in the circulatory system) on day 14 after vaccination.”

If everyone was vaccinated, would that stop the pandemic? If the vaccines currently in use nearly always prevented infection and transmission, the answer would be yes. However, this is not the case. Unlike naturally occurring immunity, the immunity brought about by these particular vaccines is “leaky”. In other words vaccine induced immunity does not last; this is why booster shots are now being given. Nothing illustrates this better than the United Kingdom Health Security Agency COVID-19 Vaccine Surveillance Report week 47. On page 29 of this report you can find the following numbers: During the time between weeks 43 and 46 in people from 30 years to greater than 80 years of age there have been 499,870 cases of COVID-19 reported with 400,585 occurring in fully vaccinated individuals. Also, a study published in, “The New England Journal of Medicine”, dated 10/20/21 concluded that, “immunity against the delta variant of SARS-CoV-2 waned in all age groups a few months after receipt of the second dose of vaccine.” Clearly being fully vaccinated does not prevent infection or transmission of SARS-CoV-2, so immunizing children in an effort to eliminate its spread cannot be successful.

Science is a human endeavor. I could be wrong. There may be mistakes or reassuring explanations in regard to the information above. Whatever you decide, I encourage you to pull together with your vaccinated and unvaccinated brothers and sisters.

God bless,

Greg Hudson M.D.