



Dr. Steve's Field of Vision

COVID-19 Vaccines for 5-11 Year Olds?

For the record: I am not an “anti-vaxer.” I have repeatedly encouraged those at high risk for poor outcomes from a COVID-19 infection to take the jab. I have offered this advice for many of my patients, my eighty-four year old mother, other family members and patients in high-risk categories such as those that are obese and those with diabetes and/or hypertension. “Get in line and get your vaccine,” I have admonished. I continue to stand by that advice for those at greatest risk (i.e. those over 70).

The vaccines may not prevent you from catching COVID-19, but the evidence remains that if you are vaccinated you will likely have an easier time of it, you will have a lower viral load, and faster time to clearance of the virus and your likelihood of being hospitalized or dying is still lower as compared to the unvaccinated—for now—but, that is changing, too.

(<https://www.medrxiv.org/content/10.1101/2021.10.13.21264966v1>)

([https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext#seccestitle160](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext#seccestitle160))

Now, the FDA has authorized the emergency use of the Pfizer COVID-19 vaccine for kids aged 5-11. It is claimed that the vaccines are safe, however, this declaration is based upon an investigation of the shots in only 3,100 children in that age range in an ongoing study. Although ongoing, the study has no real long-term data on potential adverse effects or events. (<https://www.fda.gov/news-events/press-announcements/fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age>)

Why should we be concerned about long-term side effects? I mean, after all, the FDA and CDC can be trusted, right? Hmm . . . how about an example of something seemingly simple and safe that many are doing with a potentially life altering side effect that occurs years later: " . . . new research shows that taking baby aspirin for as little as three months can double the risk of macular degeneration *ten years after* taking aspirin." (<https://medshadow.org/what-are-long-term-effects-of-medicine/>)

Macular degeneration is a condition that affects the retina of the eye resulting in distortion or loss of central vision—this level of vision loss is considered legal blindness. How many would not take baby aspirin daily if they were informed it could result in blindness later in life? I guess it depends on the risk versus benefit calculation for each person.

That is just one example.

In terms of the COVID vaccines, long-term side effects and adverse events may not be as critical a consideration for older adults. When I discussed this very issue with my 84 year old mother, she laughed, "At 84, what the consequences are in five or ten years isn't really that important to me. I want to enjoy my grandchildren and great grandchildren NOW!"

Fair point, Mom.

The consideration for children is much different calculus. What does the CDC say about long-term side effects of the COVID-19 vaccines?

Here is what the CDC says: "Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the FDA required each of the authorized COVID-19 vaccines to be studied for at least two months (eight weeks) after the final dose. Millions of people have received COVID-19 vaccines, and no long-term side effects have been detected." (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>)

Of course no long-term side effects have been detected—WE HAVE ONLY BEEN ADMINISTERING THE COVID VACCINES TO THE PUBLIC FOR LESS THAN A YEAR! The CDC is perpetrating a clever LIE in the quote above.

Further, it is a false equivalency to invoke the "historical" safety record for other vaccines in the context of a discussion of the long term safety of the COVID vaccines. Traditional vaccines either use a weakened form of a virus or only partial virus particles to induce their protective effects against the disease a virus causes. The COVID vaccines use engineered genetic technology to produce their effects. That engineered genetic technology is completely different than previous vaccines.

But, let's look at some data regarding side effects for a couple different vaccines for context. There is a side effect and adverse event database that can be readily accessed online. It is known as Vigiaccess. (www.vigiaccess.org)

"VigiAccess was launched by the World Health Organization (WHO) in 2015 to provide public access to information in VigiBase, the WHO global database of reported potential side effects of medicinal products. Side effects – known technically as adverse drug reactions (ADRs) and adverse events following immunization (AEFIs) – are reported by national pharmacovigilance centres or national drug regulatory authorities that are members of the WHO Programme for International Drug Monitoring (PIDM). WHO PIDM was created in 1968 to ensure the safer and more effective use of medicinal products." (www.vigiaccess.org)

If we search the Vigiaccess database using "COVID-19 Vaccine" in the search bar, the database reports 2,403,628 adverse reactions since the roll out of the vaccines in late 2020. A large number of the adverse reactions relate to the blood and lymphatic systems, cardiac disorders, vascular and respiratory disorders.

18-44 year olds make up the largest number of adverse reactions at 40%. Those older than 75 years only make up 6% of the adverse reactions. This suggests that the COVID vaccines are easier on older people than younger people.

As a result of cardiac side effects related to the COVID vaccines, Finland, Sweden and Denmark have suspended giving the Moderna mRNA vaccine to men and boys under 30 years of age. (<https://www.marketwatch.com/story/nordic-countries-suspend-use-of-moderna-covid-19-vaccine-in-young-people-271633601144>)

By contrast, The Vigibase database reports a total of 121,928 adverse reactions for the polio vaccine since 1968. Yes, you read that correctly—that's 2,281,700 fewer adverse reactions for the polio vaccine over fifty-three years versus one year for the COVID vaccines!

Deaths from COVID are incredibly rare in children under 18 years old. One estimate based on studies in England is 1 in 2 million or 0.0002%. (<https://www.nature.com/articles/d41586-021-01897-w#ref-CR1>)

In order to contract COVID-19 the virus binds with receptors in the respiratory tract known as Angiotensin-Converting Enzyme 2 (ACE-2) receptors. After doing so, the virus then takes over the machinery of the cells it has bound with to make additional copies of itself. Recently, it has been discovered that younger children have fewer of the ACE-2 receptors as compared to older children, young adults and adults. This may be the reason why young children are at very small risk of getting and/or spreading the virus. (<https://jamanetwork.com/journals/jama/fullarticle/2766524>)

So there you have it, young children are at extremely low risk of contracting COVID-19, extremely low risk of spreading COVID-19 and extremely low risk of serious complications or death from the disease. Additionally, the long term safety of these vaccines are unknown and even the short term effects have only been studied in 3,100 children in the age group of 5-11 years old.

In terms of a vaccination strategy shouldn't we employ the "protect the at-risk" approach? That would mean only vaccinating the most vulnerable children against the disease, that is to say, those with additional disease processes that place them at highest risk such as childhood cancers and other such devastating childhood disorders. This seems a better approach than forcing a vaccine with incomplete safety data onto roughly 25 million 5-11 year old children in the United States. (<https://www.childstats.gov/americaschildren/tables/pop1.asp>)

My children are adults. This dilemma is not one I have to deal with at this point in my life. But, if I had young children at home (ages 5-11), I wouldn't be too excited to be offering them up on the alter of an experimental drug with only an emergency use authorization provided by the FDA and no long term safety data.

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