

6-Month Old Infants May Soon be Eligible for COVID Vaccines

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Vaccines for 5-11 year olds are [already being shipped ahead](#) of the [pending approval](#) from Health Canada and the FDA in the United States. Children just 6 months old may soon be eligible as well, pointed out by a [study](#) published on October 7th of this year in the *Journal Toxicology Reports*.

“Given that the risk of contracting COVID-19 with serious outcomes is negligible in this population, *proceeding with mass inoculation of children 12-15 years old based on the trials that were conducted cannot be justified on any cost-benefit ratio findings*...Pfizer began enrolling children under 12 to evaluate the COVID-19 mRNA inoculant. Also, Comirnaty will be evaluated in a new clinical trial for children aged 6 months to 11 years. In the first phase, the study will enroll 144 people and will identify the required dose for 3 age groups (6 months - 2 years, 2-5 years and 5-11 years).”

[Study](#)

The results are expected by the end of 2021, and with the fast rollout and approval of the vaccines made available to older age groups, a large majority of children in multiple countries, like the United States and Canada, will be “fully vaccinated” by the end of 2022. This brings up an important question.

Will “fully vaccinated” be a forever changing goal post due to the weaning protection that the vaccine provides?

It looks like that may be the case. Israel’s coronavirus czar, Dr. Salman Zarka, [has expressed](#) that Israeli citizens will need a 4th dose of a coronavirus vaccine to remain “fully vaccinated.”

Multiple vaccine doses is one of multiple reasons parents are hesitant to vaccinate their

children. One main reason is because children have a [99.97](#) chance of survival (according to multiple seroprevalence studies). They are more likely to die of multiple other causes than die from COVID, [including the flu](#).

The majority of people succumbing to COVID have been those with comorbidities and other health issues. [This was evident](#) one year after the pandemic.

Coupled with the point above, because of this survival rate many feel that they want to “trust the science” when it comes to natural immunity. Approximately 20 studies have been published [outlining how strong and robust the protection from natural immunity](#) can be.

We found antibody-producing cells in people 11 months after first symptoms. These cells will live and produce antibodies for the rest of people’s lives. That’s strong evidence for long-lasting immunity. – Senior author

[Ali Ellebedy](#), PhD, associate professor of pathology & immunology, of medicine and micro-biology.

This is one of many arguments parents are providing when it comes to vaccinating their children, alongside reported vaccine adverse reactions. The Vaccine Adverse Events Reporting System (VAERS) has more than 17,000 deaths. Of these reported deaths, only 7,848 took place in the the United States, the rest are from around the world. VAERS also reports 26,199 permanent disabilities from COVID vaccines. Approximately 83,000 have been hospitalized and adverse reaction reports are nearing one million. According to the study in Toxicology Reports, “VAERS is underreporting actual deaths by about two orders of magnitude.”

Underreporting of adverse [reactions to prescription drugs is extremely high](#), and we may be seeing the same thing with vaccine injuries. These authors hypothesize that underreporting of deaths as a result of the vaccine may have resulted in a number 1000 times less than what the actual number is. A [Harvard Pilgrim study](#) published in 2010 reported that less than 1 percent of vaccine injuries are probably reported.

There are also multiple [social media posts of people](#) sharing their vaccine injury that have been popping up. Some who believe they were injured by the vaccine have faced, in what some cases seem to be denial from doctors.

Stephanie De Garay has been documenting her daughter’s journey after she became severely ill shortly after taking the second dose of the COVID vaccine from Pfizer during the 12-15 years trails. Garay mentioned the denial she faced [in a press conference](#) during the summer, to the point where some doctors didn’t even consider the vaccine to be the cause of her injury.

[A recent study](#) out of the University of California showed that boys ages 12-15 have a greater risk of myocarditis is greater as a result of the vaccine than the risk of being hospitalized for COVID.

There have been multiple reports of death from myocarditis following COVID vaccination, including a [13-year-old Michigan boy who died](#) June 16, three days after he received his second dose of Pfizer’s COVID vaccine. As of August 7th, [there were 106 incidents](#) of myocarditis/pericarditis in Ontario, Canada in people under the age of 25.

Sweden, Iceland, Denmark, Iceland and Finland [have also paused the Moderna vaccine](#) for people born after 1991 due to vaccine induced heart problems.

If infected with COVID-19, children ages 0-9 [have on average](#) a chance of 0.1% or 1/1000 of being hospitalized, and if they are hospitalized the chances of survival are very high. The American Academy of Pediatrics [also confirmed](#) that while the Delta variant is infecting more children, it is not causing increased disease severity. [They also found](#) that 0.1-1.9% of their child COVID-19 cases resulted in hospitalizations, and 0.00-0.03% of all child covid-19 case resulted in death.

A proper cost/benefit analysis has not been conducted. Lack of long term safety data is also a major issue, yet we are pushing these vaccines on children as if they're completely safe.

[As of May 28, 2021](#), there have been 259,308 confirmed cases of SARS-CoV-2 infections in Canadians 19 years and under. Of these, 0.48% were hospitalized, 0.06% were admitted to ICU, and 0.004% died . For children, [seasonal influenza is associated](#) with more severe illness than COVID-19.

Even the idea that children are a major source of transmission has been heavily debated, yet science calling into question whether or not children are 'super spreaders' has not been given much attention.

Numerous [large observational population studies](#) show that children are POOR COVID-19 spreaders. This includes studies from Ireland, Iceland, Italy, France, and Australia. For a link to a more complete reference list, see [Washington University Pediatric & Adolescent Ambulatory Research Consortium](#).

For these reasons and more, vaccination for children of any age seems quite questionable, let alone for 6 month old babies.

An opinion [article](#) published in the European Journal of Medical Ethics in early July 2021 explains why children should not be required or encouraged to take the COVID-19 vaccine at this time.

The perspective shared by these experts is completely in contrast to governing health authorities around the world, but they join a very large number of doctors and scientists who oppose government policy during COVID. No doubt many will have issues with pushing the vaccine on 6 month old children, especially if mandates for school make an appearance.

Vaccinating children would be a way of treating them as *mere* means to serve other people's interests or some form of collective good. We already did this through indiscriminate lockdowns and other restrictions, such as school closure.

Using children as means or even *mere* means in this way is not necessarily wrong, but it can only be justified if the cost imposed is sufficiently small and the benefit sufficiently large.

Unfortunately, currently available COVID-19 vaccines do not meet either condition, given our current state of knowledge.

Not only would vaccinating children pose risks on them without any substantial direct benefit. Also, vaccinating children can only offer collective good if this reduces infection levels in the community. However, while COVID-19 vaccines almost certainly will

provide long-term protection against severe disease and death, their infection blocking effects are incomplete and very likely to be transient. This means there is actually no collective benefit to trade off against individual harm to children.

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