

Low RSV Vaccine Acceptance Among Pregnant Women

Wary of Fever and Pregnancy Loss, Discerning Mothers Declining the Novel Shot

By [Dr. Peter McCullough](#)

Global Research, January 10, 2024

[Courageous Discourse](#)

Region: [USA](#)

Theme: [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the Translate Website button below the author's name (only available in desktop version).

To receive Global Research's Daily Newsletter (selected articles), [click here](#).

Click the share button above to email/forward this article to your friends and colleagues. Follow us on [Instagram](#) and [Twitter](#) and subscribe to our [Telegram Channel](#). Feel free to repost and share widely Global Research articles.

[New Year Donation Drive: Global Research Is Committed to the "Unspoken Truth"](#)

Vaccination during the third trimester of pregnancy is unprecedented and risky, since a vaccine induced fever could precipitate stillbirth or premature delivery of the baby. The CDC and the [Bio-Pharmaceutical Complex](#) has told young mothers they should take the risk for theoretical protect of the newborn.

As of August 30, 2023, the CDC recommends: "**Vaccination for pregnant people**, 1 dose of maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered immediately before or during RSV season. [Abrysvo](#) is the only RSV vaccine recommended during pregnancy." Now the [CDC is reporting](#) that only Asian women in the US have topped 10% on the respiratory syncytial virus RSV vaccination rate while African American mothers remain the most conservative with under 5% rates of acceptance. For any mass vaccination campaign, these data would indicate a program failure. The mothers and families have been burned by genetic COVID-19 vaccines and unprecedented rates of injury, disability, and death. There is little appetite for a new vaccine during pregnancy among obstetricians, midwives, and expecting mothers.

For Immunization Managers

CDC > Immunization Managers Home > Vaccination Coverage > RSVwaxView

Respiratory Syncytial Virus (RSV) Vaccination Coverage, Pregnant Persons, United States

[Print](#)

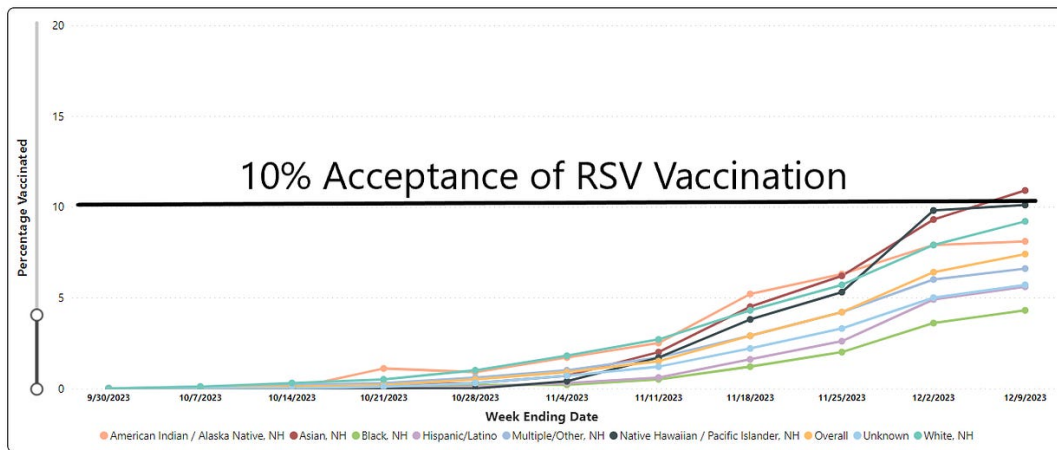
[Main Page](#) | [Adults 60+ Coverage and Intent](#)

Respiratory Syncytial Virus (RSV) Vaccination Coverage, Pregnant Persons, United States

- These weekly RSV vaccination coverage estimates for pregnant persons 18 to 49 years are based on electronic health record (EHR) data from the [Vaccine Safety Datalink \(VSD\)](#), a collaboration between CDC's Immunization Safety Office and multiple integrated health care organizations.*
- The denominator includes those who reached at least 32 weeks gestation since September 22, 2023. Denominator may also include pregnant persons who were past the recommended window of 32-36 weeks gestation prior to September 22, 2023. Pregnant persons are not removed from the numerator or denominator when the pregnancy ends.
- The numerator includes those who have received an RSV vaccine as of the week ending date.
- Implementation timelines and availability of RSV vaccine differed across participating VSD sites; therefore, early coverage estimates may include persons in the denominator who were not able to receive vaccination starting September 22, 2023, when the vaccine was first recommended. By November 25, 2023, all VSD sites were offering RSV vaccination to pregnant persons.
- **Figure 2.** Percent of pregnant persons ages 18-49 years vaccinated† with RSV vaccine overall and by race and ethnicity – Vaccine Safety Datalink

[View and Download Data for Fig. 2](#)

Figure 2: Percent of pregnant persons ages 18–49 years vaccinated† with RSV vaccine overall and by race and ethnicity — Vaccine Safety Datalink



NH=Non-Hispanic

CDC.Gov accessed January 3, 2023

These data on the lagging maternal RSV immunization campaign indicate that “vaccine mania” may be cooling in the United States. As a consulting internist and cardiologist, I do not recommend the new RSV vaccine for pregnant women. There are insufficient data on short and longer term safety. Theoretical protection of infants for an easily treatable illness is simply not compelling enough to risk the pregnancy altogether.

*

Note to readers: Please click the share button above. Follow us on Instagram and Twitter and subscribe to our Telegram Channel. Feel free to repost and share widely Global Research articles.

Featured image is from Mercola

The original source of this article is [Courageous Discourse](#)
Copyright © [Dr. Peter McCullough](#), [Courageous Discourse](#), 2024

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Dr. Peter
McCullough](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca
www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca