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‘Obsolete, Misguided’: Critics Call Out Pfizer’s Plan for Bivalent Booster for Kids Under 5

Pfizer and BioNTech said Monday they are seeking Emergency Use Authorization for an updated COVID-19 bivalent booster vaccine for children ages 6 months to 4 years old, but critics said the vaccines are obsolete and too risky.

By Michael Nevradakis
Global Research, December 08, 2022
Children's Health Defense 6 December 2022

Region: USA
Theme: Science and Medicine

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Pfizer and BioNTech are seeking Emergency Use Authorization (EUA) for an updated COVID-19 bivalent “booster” vaccine for children ages 6 months to 4 years old.

Pfizer on Monday said if the bivalent booster receives EUA, children in this age group will receive two doses of the original COVID-19 vaccine, followed by a dose of the “updated” vaccine targeting Omicron subvariants BA.4 and BA.5.

Previously, children under age 5 could receive a three-dose series of the original COVID-19 vaccine. However, since the shots received EUA in June, only 2% of children under 2 and about 4% of 2- to 4-year-olds have received their primary doses, according to the Centers for Disease Control and Prevention (CDC).

The bivalent vaccine is currently authorized as a “booster” dose in the U.S. and the EU, for children 5 and older.

Bivalent boosters are ‘obsolete,’ come with ‘very concerning side effects’

Drs. Peter McCullough, Meryl Nass and Michelle Perro were critical of Pfizer and BioNTech’s bid to receive EUA for the bivalent booster for young children.

Nass told The Defender:

> “There was never anything to recommend the bivalent boosters before they were given an EUA for adults on August 31.

> "It is unconscionable, given what we know about the poor performance of the existing vaccines and their very concerning side effects, that FDA [U.S. Food and Drug Administration] and CDC went along with the new 'boosters' without a single human trial — and now the manufacturers want to give these untested vaccines to children as young as 6 months of age."

Without human trials for the "boosters," said Nass, an internist with special interests in vaccine-induced illnesses, it was "guaranteed that no one would know what their safety issues were — making the whole process of informed consent, which is legally needed for unlicensed vaccines — a charade."

Perro, a pediatrician, pointed out that by continuing to administer the original COVID-19 vaccines to children, children are receiving a vaccine "for a virus that is no longer in circulation."

Perro told The Defender,

> "There are key factors to take into consideration as to why the FDA authorization for the Omicron 'retooled' vaccine would be not only misguided, but malignant for children."

She added:

> "If the authorization is approved, children in the 6-month to 4-year-old age group would receive two doses of the primary series of the original Delta-variant-derived Pfizer-BioNTech vaccine.
>
> "Any pediatric clinical provider would know that the original vaccine is no longer of any use since the variant has undergone innumerable variations since its emergence. There are now hundreds of new variant lineages, varying in pathogenicity as well as location, with the present variants now being designated informally as 'Coldvid' due to their relatively benign nature.
>
> "The point is the original vaccine was made for a virus that is no longer in circulation. Following up with the Omicron-adapted bivalent vaccine is equally nonsensical for the same reasoning."

Similarly, McCullough, a cardiologist, questioned the bivalent booster for the youngest age group, telling The Defender that they are "obsolete" and "dead on arrival":

> "The bivalent booster failed to stop Omicron BA.4/BA.5 in animals, but because it was pre-purchased, HHS [U.S. Department of Health and Human Services] decided to use the vaccine and its surrogate antibody rise, irrespective of its failed efficacy or lack of demonstrated safety since there were no human trials.
>
> "In the last several months BA.4/BA.5 has moved out, giving way to BQ.1 and BQ1.1, so the bivalent boosters are now obsolete even on theoretical grounds. With no theoretical or actual benefit and with no assurances on short or longer term safety, the bivalent boosters are dead on arrival."

In questioning the effectiveness — and need — for the "boosters," Nass referred to a Nov. 18 New York Times report on the "surge" in respiratory illnesses across the U.S., which stated:

"The newer variants, called BQ.1 and BQ.1.1, are spreading quickly, and boosters seem to do little to prevent infections with these viruses, as they are excellent evaders of immunity."

Addressing the increase in non-COVID-19 respiratory illnesses, Perro said this was set into motion with the introduction of the COVID-19 vaccines.

She told The Defender:

> "Forcing a vaccine schedule with experimental genetic therapeutics for organisms that have morphed since their introduction begs the question as to what is the root cause motivation — whether it be monetary or other. Every illness and its subsequent therapy requires a risk-benefit ratio when evaluating children. In terms of COVID-19, we are giving an already outdated vaccine which has not been studied for a potential disease which has nearly zero risk in kids.
>
> "The harm to children from this experimental gene-immunomodulating therapy has been demonstrated by our own CDC, documenting severe illness and death in children who have received this unnecessary vaccine. Placing this series on the vaccination schedule for children gives Pharma an indemnity pass.
>
> "While government agencies are touting viral strains on communities from other pathogens (i.e., RSV and influenza), it should be emphasized that this viral tsunami has been triggered by the introduction of the COVID-19 vaccine which has disarmed and disabled people's innate immunity to fight off these other pathogens."

Nass said the continued expansion of the federal COVID-19 state of emergency allows the administration of EUA vaccines to continue.

> "It is only by continuing to declare a pandemic emergency that these exceedingly dangerous, unlicensed EUA vaccines could be used," she said. "If the government was honest and admitted the emergency was over, by law no EUA vaccines could be given to anyone."

Instead, Nass added, the vaccines are illegally mandated, in many cases to attend college, "even though college-age males are at the highest risk of myocarditis and at extremely low risk of a serious case of COVID."

> "Our public health establishment, under the leadership of Tony Fauci, Robert Califf and Rochelle Walensky has become a criminal enterprise," Nass said.

According to Perro,

> "The only authorization must be no authorization and it is time for the FDA to do its job."

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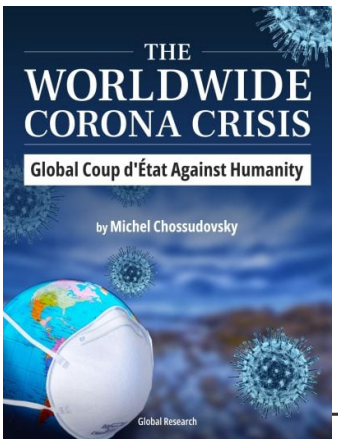

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ISBN: 978-0-9879389-3-0, Year: 2022, PDF Ebook, Pages: 164, 15 Chapters

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