

June 17, 2021

Comment on CDC–2021–0060

Leo Goldstein, M.Sc.

Vaccinating healthy children and adolescents against COVID-19 provides them with no benefits, but strong adverse effects, and unlimited future risks, including vaccine associated enhanced disease (VAED) and immunity disorders.

Please recommend stopping this practice as soon as possible.

Only children and adolescents with well-known chronic conditions (such as obesity), associated with the elevated risk of severe forms of COVID-19, should be advised to get such vaccine in consultation with their physicians.

Further, children and adolescents without the chronic conditions cannot shed much coronavirus, even if they get infected. Thus, vaccinating them does not practically contribute to the apparent government's attempt at "herd immunity". In any case, it is unethical (or worse) to vaccinate children for the sake of herd immunity without individual medical need and/or without proper disclosure.

Despite the political pressure to justify blanket (irrespective of age, health, and seropositivity) vaccination against COVID-19, scientists do not support indiscriminate vaccination of children. Thus, there is no justification to maintain a policy or governmental guidelines recommending such vaccination.

From ^(Lavine et al. 2021)

"Vaccinating children against SARS-CoV-2. Hard to justify right now [May 2021] for most children in most countries.

... the value of childhood vaccination against respiratory viruses in general remains an open question for three reasons: the limited benefits of protection in age groups that experience only mild disease; the limited effects on transmission because of the range of antigenic types and waning vaccine induced immunity; and the possibility of unintended consequences related to differences in vaccine induced and infection induced immunity."

Children and adolescents are at low risk of COVID-19 disease. Moreover, almost all of those who got severe COVID-19 had easily detectable chronic conditions ^(Preston et al. 2021).

Effective treatment and prophylaxis of COVID-19 exist ^(Anonymous 2021). Some of the most effective protocols are based on Ivermectin ^(Marik, Kory, Varon et al., 2021). You know that alternatives to vaccination must be disclosed to patients prior to obtaining informed consent.

References

Anonymous. *Ivermectin for COVID-19: real-time analysis of all 97 studies*. 2021. <https://c19ivermectin.com/>

Lavine J S, Bjornstad O, Antia R. *Vaccinating children against SARS-CoV-2*. BMJ, May 13, 2021. <https://www.bmj.com/content/373/bmj.n1197>

Paul E. Marik, Pierre Kory, G. Umberto Meduri, Joseph Varon et al. *I-MASK+ Protocol*. FLCCC | Front Line COVID-19 Critical Care Alliance. April 26, 2021. <https://covid19criticalcare.com/covid-19-protocols/i-mask-plus-protocol/>

Preston LE, Chevinsky JR, Kompaniyets L, Lavery AM, Kimball A, Boehmer TK, et al. *Characteristics and Disease Severity of US Children and Adolescents Diagnosed With COVID-19*. JAMA Network Open. April 9, 2021. <https://doi.org/10.1001/jamanetworkopen.2021.5298>