



Pfizer C-19 Shot Increases Risk Of COVID Infection For 5-11-Year Olds! The NTS Data Shows!

Description

USA: One preprint report utilizing an NYS database of children aged 5-17 analyzed the effectiveness of the Pfizer vaccine.

The researchers exposed the mRNA shot's efficacy against the virus cases and hospitalizations for the age demographics during December 2021 and January 2022.

The Abstract [shared](#): ***"In the Omicron era, the effectiveness against cases of BNT162b2 declined rapidly for children, particularly those 5-11 years."***

A few weeks after becoming "fully vaccinated," the Pfizer shot's efficacy waned for children.

From 5-11-year-olds, the mRNA shot crossed a threshold of negative vaccine efficacy five weeks after becoming fully vaccinated. By the sixth week, these children were 40% more likely to contract C-19 than their unvaccinated peers.

Check this out:

[Alex Berenson](#) shared:

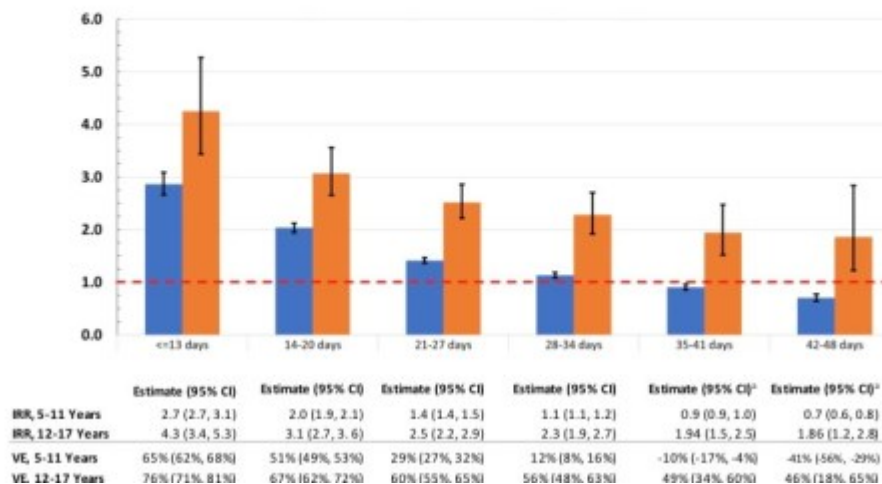
The mRNA jabs provide some protection for the first two weeks of "full vaccination." But it declines rapidly, turns negative by the fifth week, and more sharply negative in the sixth.

“Negative” vaccine efficacy means that vaccinated people are more likely to become infected. It is not clear how high the increased risk may become for young children, since the database only covered six weeks and the trend worsened each week.

The blue bar in the chart below shows the relative odds of unvaccinated and vaccinated children to get Covid. The dashed red line equals a risk ratio of 1 – a 50/50 risk.

See how the blue bar falls each week and drops below the red line after 35 days? At point, unvaccinated children have lower risk. (The orange bar is kids 12-17. They still have some protection six weeks out, although it too is declining.)

Figure 2: Incidence rate ratios, comparing cases during January 3 - January 30, 2022 for unvaccinated versus children newly fully-vaccinated December 13, 2021-January 2, 2022, by Time Since Full Vaccination



The investigation included 365,000 vaccinated 5-11-year olds in New York State. As expected, the scientists didn't mention the negative effectiveness in their discussion.

You can read their [discussion below](#):

During Omicron variant predominance, VE against infection declined rapidly for NYS children 5-11 years, with low protection by one month following full-vaccination. Among children 12-17, protection declined substantially, albeit more slowly than observed among younger children. These results complement early findings of reduced primary series VE for 12 years during the Omicron era and the dual effects of the variant and waning protection against infection with sustained protection against severe disease.

The finding of markedly-lower VE against infection for children 11 years compared to those 12 and 13 years, despite overlapping physiology, suggests lower vaccine dose may explain lower 5-11 years VE. Children 12 years had the highest VE of all ages, potentially due to being small size relative to dose and more recent vaccination (by 6 weeks on average) than those 13-17 years. This gap suggests a threshold effect between the two BNT162b2 vaccine doses and need for study of numbers of doses, amount per dose, dose timing, and/or antigens targeted for children 5-11 years.

The findings in this study are subject to limitations. First, home testing, which is not reported and increased during the analysis period, would impact conclusions if testing practices differed by vaccine status. This potential bias would not impact hospitalizations. During this highest-incidence period, including for severe disease, for children, there were still relatively few children admissions. Additional data are needed to fully-understand VE trends against severe disease.^{2,9} By the end of January, 12.5% of vaccinated children 12-17 years had received a booster, likely adding protection to that group, although the time-since-vaccination analysis had no boosted children. This analysis compared early vaccinators in the younger age group with later vaccinators in the older age group, who may differ in test-seeking or exposures. Similar conclusions regarding relative VE declines between children 5-11 and 12-17 years using open cohorts suggests this trend is robust.

Our data support vaccine protection against severe disease among children 5-11 years, but suggest rapid loss of protection against infection, in the Omicron variant era. Should such findings be replicated in other settings, review of the dosing schedule for children 5-11 years appears prudent. At this time, efforts to increase primary vaccination coverage in this age group, which remains <25% nationally, should continue. Given rapid loss of protection against infections, these results highlight the continued importance of layered protections, including mask wearing, for children to prevent infection and transmission.,

by Addison Wilson

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