

Our Children at Greater Risk by Allowing “Co-Administration” of Covid-19 Shots with Other Vaccines

By [Bernadette Pajer](#)

Global Research, May 18, 2021

[Informed Choice Washington](#) 14 May 2021

Region: [USA](#)

Theme: [Law and Justice](#), [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

Visit and follow us on Instagram at [@crg_globalresearch](#).

On May 12, 2021, the United States Advisory Committee on Immunization Practices (ACIP) voted to recommend the investigational Emergency Use Authorization (EUA) Pfizer shot to children ages 12 to 15.

The ACIP also voted to end restrictions around co-administration with other vaccines even though there has not been a single clinical trial administering any of the shots with any other vaccine. More on this below.

COVID-19 shots do not prevent hospitalization or death in adults

Why are young teens being targeted with EUA shots?

This is an age group that does not tend to be susceptible to severe infection, and CDC says from March of 2020 through April 2021, those [aged 12-17 made up just 9% of the reported cases](#), and very few of the hospitalizations. As with adults, children with underlying health issues are more at risk. Most children experience low to no symptoms and likely develop [long-lasting robust immunity](#).



[Source](#)

FDA states about the Pfizer’s clinical trial with 12-15 year olds:

An analysis of cases of COVID-19 occurring among participants, 12 through 15 years of age, seven days after the second dose was also conducted. In this analysis, among participants without evidence of prior infection with SARS-CoV-2, no cases of COVID-19 occurred among 1,005 vaccine recipients and 16 cases of COVID-19 occurred among 978 placebo recipients; the vaccine was 100% effective in preventing COVID-19. At this time, there are limited data to address whether the vaccine can prevent transmission of the virus from person to person. In addition, at this time, data are not available to

determine how long the vaccine will provide protection.

Just like with adults, the studies were not designed to find out if the shots prevent infection or transmission, only if they prevent mild to moderate symptoms, and it's unknown how long any personal protection afforded might last.

It's very clear that the shots don't prevent infection, serious disease, or fatalities. In an alarming and highly unscientific move, the CDC has decided to stop telling the public the full number of breakthrough cases reported, and only pass on the numbers of fully vaccinated individuals who get COVID-19 anyway and are hospitalized or die.



[Source](#)

These numbers are nearly a month old (April 26, 2021) and the most recent being provided.



The [CDC admits](#): "It is important to note that reported vaccine breakthrough cases will represent an undercount. This surveillance system is passive and relies on voluntary reporting from state health departments which may not be complete. Also, not all real-world breakthrough cases will be identified because of lack of testing. This is particularly true in instances of asymptomatic or mild illness. These surveillance data are a snapshot and help identify patterns and look for signals among vaccine breakthrough cases."

Does the CDC not see those numbers as signals of product failure?

Intentional deception with RRR rather than ARR

For this most recent EUA, Pfizer's claim, repeated by the CDC, that the shot is "100%" effective in 12-15 year olds might accurate for the study outcome (although the term "efficacy" is more appropriate), but it's also very deceptive. 100% is the RRR — the Relative Risk Reduction. That's how many kids showed "evidence of infection" in the Pfizer shot group versus the saline placebo group, from 7 days post the second shot until the cutoff date (length of time varied per participant, depending on when they got the shot).

But the risk of getting COVID-19 at all was already very small. How much did the shot reduce the risk of getting sick? That's the ARR—the Absolute Risk Reduction. While the FDA advises ARR to always be reported with RRR so that individual and public policy decisions can be soundly made, ARR is rarely every mentioned.

In this case, between 7 days post the second dose and the cutoff date, the control group had 16 cases out of 978 kids, which is 0.016 of the kids. The shot group had no cases, so 0.00 of the kids. To get ARR you subtract the shot number from the control number and you get 0.016. Expressed as a percent that's 1.6%.

So the shot—in this short, limited study—reduced the risk of getting COVID by 1.6%.

If we can trust the data. The general public has no idea that all of the studies are conducted by the manufacturers who stand to profit, and they turn in their data to the FDA. It is an honor-system among entities that have a [history of criminal fraud](#).

Co-administration dangers

As unethical as it is to expose children who are not at high risk of severe outcomes to infection to investigational liability-free products that have seen [unprecedented level of adverse reactions and deaths reported](#), when the ACIP opened up the shots to be co-administered with other vaccines, including those with adjuvants, they stepped fully into crimes against humanity.

Not a single clinical trial has been done administering the COVID-19 shots with any other vaccine. There is zero safety data. The Pfizer EUA Fact Sheet states:



[Source](#)

Below is the image of a slide captured during the live ACIP Meeting. The last two bullet points were added by the committee after hearing the grave concerns in several public comments.



Watch this video to hear the public comments.

After the 14-0 vote with one abstention to recommend the Pfizer EUA shot to 12-15 year olds, with no restriction on co-administration with other shots, some ACIP members gave their reason.

They only had one.

They don't want to miss an opportunity to vaccinate.

That's it. Science be hanged, safety unknown, by gosh, they didn't want doctors to miss an opportunity to give other vaccines.

I will repeat. Zero safety studies.

What happens when a 12-year-old is injected with Gardasil with its highly reactogenic aluminum AAHS adjuvant in one arm and the Pfizer mRNA shot in the other?

We have no idea.

What on earth were the members of the ACIP thinking? Why would they make a recommendation based on zero safety science?

[FiercePharma](#), the drug industry's insider online magazine, provided a likely answer within hours of the ACIP's vote:

As revenues for several Big Pharma players slumped to start the year, execs blamed part of the problem on the accelerating COVID-19 vaccine rollout. The CDC had recommended people don't get another shot within two weeks of their COVID-19 vaccine, hitting sales for key products.

Now, the CDC is doing away with that suggestion entirely in an effort to boost routine immunizations among teens. The move could spell financial rewards for leading vaccine companies such as Merck, GlaxoSmithKline and Pfizer.

During the CDC's Advisory Committee on Immunization Practices (ACIP) meeting on Wednesday, experts endorsed the COVID-19 shot from Pfizer and BioNTech in adolescents aged 12 to 15 and additionally tossed out the agency's two-week restriction on administering other vaccines.

Over the past few years, vaccine safety reform and medical freedom advocates have attempted to show the public and local public health agencies examples of ACIP votes that have put the public at risk. Nothing has come close to the atrocity of this blatant handing of the American public, and America's children, to the drug industry.

Call to action

We need your help letting parents know that the EUA recommendation to children is based on very limited data, and the co-administration of the EUA shots with other vaccines has zero safety studies. Please share this article everywhere. Send it to your legislators & major media, provide the link in comments to social media posts for the local and national news agencies. Post wherever parents can be found.

Tell the world, and ACIP, our children are not for sale.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Bernadette Pajer is ICWA Public Policy Director.

Featured image is from Informed Choice Washington

The original source of this article is [Informed Choice Washington](#)
Copyright © [Bernadette Pajer](#), [Informed Choice Washington](#), 2021

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

[Become a Member of Global Research](#)

Articles by: [Bernadette Pajer](#)

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