

# Bivalent Boosters Creating Adverse Childhood Experiences in Kids Ages 5-11

Injections that Evoke Symptoms Our Children Will not Forget

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Theme: [Science and Medicine](#)

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*We often remember events from our childhood that came from physical experiences such as a broken arm or falling into a stream. Most patients from yesteryear remember childhood rheumatic or scarlet fever. Parents bringing their children age 5-11 years for COVID-19 vaccination may be creating adverse childhood experiences based on the most recent CDC safety data published by Hause et al in MMWR.*

## Morbidity and Mortality Weekly Report

US Department of Health and Human Services/Centers for Disease Control and Prevention

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### Safety Monitoring of Bivalent COVID-19 mRNA Vaccine Booster Doses Among Children Aged 5–11 Years — United States, October 12–January 1, 2023

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**TABLE 2. Adverse reactions and health impacts reported to v-safe for children aged 5–11 years\* who received a bivalent Pfizer-BioNTech or Moderna COVID-19 vaccine booster dose, by vaccine — United States, October 12–January 1, 2023**

Event†	No. (%) reporting reaction or health impact after vaccination§		
	Pfizer-BioNTech (n = 2,647)	Moderna (n = 612)	Total (N = 3,259)
Any injection site reaction	1,740 (65.7)	470 (76.8)	2,210 (67.8)
Pain	1,683 (63.6)	463 (75.7)	2,146 (65.9)
Swelling or hardness	229 (8.7)	64 (10.5)	293 (9.0)
Redness	211 (8.0)	64 (10.5)	275 (8.4)
Itching	123 (4.7)	21 (3.4)	144 (4.4)
Any systemic reaction	1,215 (45.9)	379 (61.9)	1,594 (48.9)
Fatigue	798 (30.2)	278 (45.4)	1,076 (33.0)
Headache	534 (20.2)	211 (34.5)	745 (22.9)
Fever	512 (19.3)	198 (32.4)	710 (21.8)
Myalgia	353 (13.3)	145 (23.7)	498 (15.3)
Chills	247 (9.3)	103 (16.8)	350 (10.7)
Nausea	208 (7.9)	89 (14.5)	297 (9.1)
Abdominal pain	182 (6.9)	56 (9.2)	238 (7.3)
Vomiting	115 (4.3)	39 (6.4)	154 (4.7)
Joint pain	106 (4.0)	41 (6.7)	147 (4.5)
Diarrhea	74 (2.8)	15 (2.5)	89 (2.7)
Rash	37 (1.4)	8 (1.3)	45 (1.4)
Any health impact	506 (19.1)	196 (32.0)	702 (21.5)
Unable to attend school	355 (13.4)	114 (18.6)	469 (14.4)
Unable to perform normal daily activities	298 (11.3)	149 (24.4)	447 (13.7)
Needed medical care	49 (1.9)	13 (2.1)	62 (1.9)
Outpatient clinic	30 (1.1)	7 (1.1)	37 (1.1)
Telehealth	10 (0.4)	4 (0.7)	14 (0.4)
Other	12 (0.5)	3 (0.5)	15 (0.5)
Emergency department	4 (0.1)	0 (—)	4 (0.1)
Hospitalization	0 (—)	0 (—)	0 (—)

**TABLE 3. Events\* reported to the Vaccine Adverse Event Reporting System for children aged 5–11 years† after receipt of a bivalent Pfizer-BioNTech or Moderna COVID-19 vaccine booster dose — United States, October 12–November 20, 2022**

Adverse events	No. (%) reporting, by vaccine		
	Pfizer-BioNTech (n = 847)	Moderna (n = 75)	Total (N = 922)
Serious reports§			
Total serious reports	2 (0.2)	0 (—)	2 (0.2)
Nonserious reports			
Total nonserious reports	845 (99.8)	75 (100)	920 (99.8)
Reports of vaccination error¶	726 (85.9)	49 (65.3)	775 (84.2)
Error without adverse health event	661 (91.0)	40 (81.6)	701 (90.5)
Error with adverse health event**	65 (9.0)	9 (18.4)	74 (9.5)
Reports not specifying vaccination error††	119 (14.1)	26 (34.7)	145 (15.8)
Fever	13 (10.9)	8 (30.8)	21 (14.5)
Syncope	17 (14.3)	3 (11.5)	20 (13.8)
Vomiting	10 (8.4)	8 (30.8)	18 (12.4)
Nausea	12 (10.1)	5 (19.2)	17 (11.7)
Dizziness	12 (10.1)	2 (7.7)	14 (9.7)
Fall	11 (9.2)	1 (3.9)	12 (8.3)
Fatigue	6 (5.0)	5 (19.2)	11 (7.6)
Headache	5 (4.2)	6 (23.1)	11 (7.6)
Loss of consciousness	11 (9.2)	0 (—)	11 (7.6)
Cough	7 (5.9)	2 (7.7)	9 (6.2)
Urticaria	7 (5.9)	2 (7.7)	9 (6.2)



Hause AM, Marquez P, Zhang B, Su JR, Myers TR, Gee J, Panchanathan SS, Thompson D, Shimabukuro TT, Shay DK. Safety Monitoring of Bivalent COVID-19 mRNA Vaccine Booster Doses Among Children Aged 5-11 Years – United States, October 12-January 1, 2023. MMWR Morb Mortal Wkly Rep. 2023 Jan 13;72(2):39-43. doi: 10.15585/mmwr.mm7202a5. PMID: 36634021.

Moderna, which had greater frequency of adverse events than Pfizer, for example, caused 30% of children to have fever and vomit. Combined, 22% reported that boosters had a negative health impact, 14% could not perform daily activities to return to school, and 2% were so sick they required acute medical care. Adverse childhood experiences can have lasting social and psychological ramifications later in life, particularly if they are repeated. No vaccine, no matter how theoretically compelling, should be in public use with these symptomatic side effects. Vaccines should have acceptable safety profiles with <5% having any significant short-term symptoms, be safe over the long term, provide at least 50% protection against a disease, inhibit transmission, and last at least a year. Faulty vaccines that underperform or make our kids sick should be rejected by parents and removed from the market to protect public safety.

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#### Sources

[Hause AM, Marquez P, Zhang B, Su JR, Myers TR, Gee J, Panchanathan SS, Thompson D, Shimabukuro TT, Shay DK. Safety Monitoring of Bivalent COVID-19 mRNA Vaccine Booster Doses Among Children Aged 5-11 Years – United States, October 12-January 1, 2023. MMWR Morb Mortal Wkly Rep. 2023 Jan 13;72\(2\):39-43. doi: 10.15585/mmwr.mm7202a5. PMID: 36634021.](#)

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by Michel Chossudovsky

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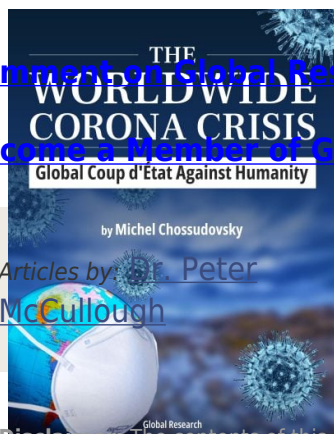
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