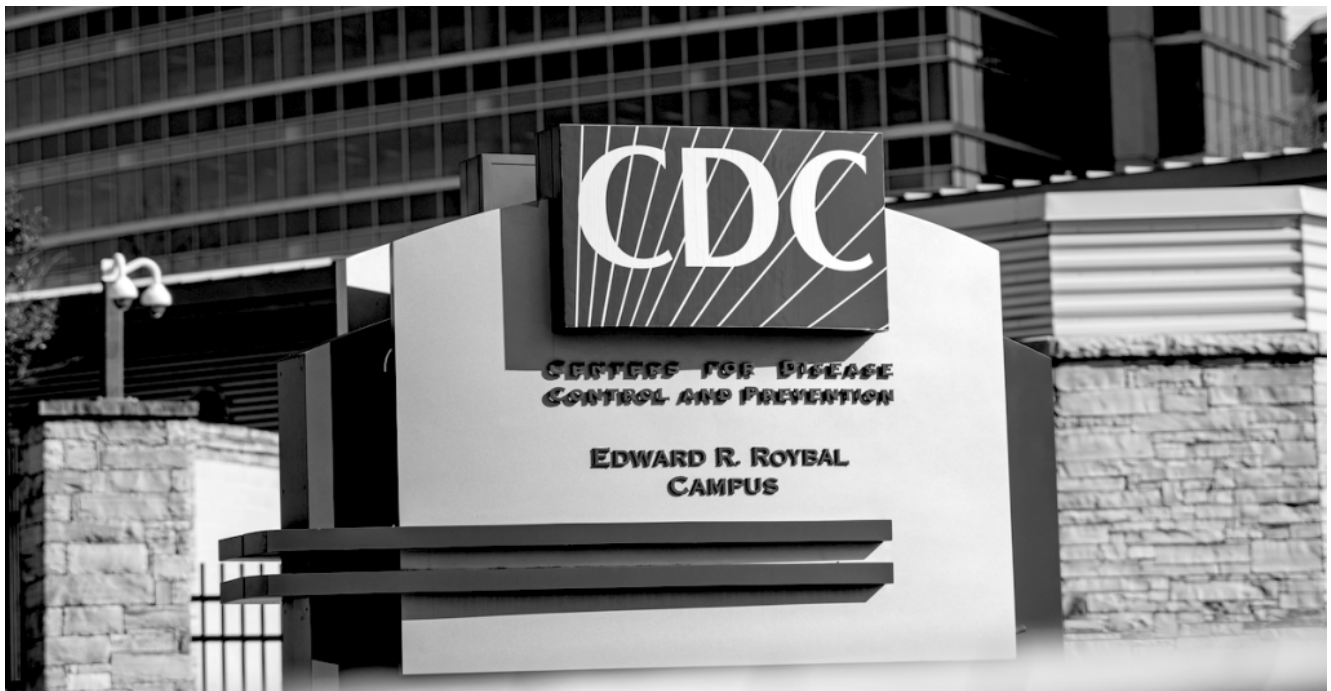


CDC Called Out for Purposely Hiding Critical COVID Data From Public Over 'Vaccine Hesitancy'



Two years into the COVID pandemic, it has been confirmed the U.S. Centers for Disease Control and Prevention (CDC) – the agency overseeing the country's pandemic response – [intentionally withheld data](#), publishing only a tiny fraction of what has been collected.

Throughout the pandemic, the CDC has [diligently kept track](#) of COVID cases, hospitalizations and deaths – the numbers used by the mainstream media and U.S. health agencies to perpetuate their narrative and scare Americans into getting vaccinated, but is hiding the numbers on COVID infections broken down by age, race and vaccination status.

The agency is purposefully suppressing information over fears it would be misinterpreted and lead to “vaccine hesitancy.”

Why is this important? Because much of the data withheld by the agency could have assisted state and local health officials in making decisions and data on hospitalizations by age and race would reveal the populations at highest risk.

Publishing complete data on breakthrough cases, something the CDC stopped doing early last year, would reveal whether or not vaccines actually work and could factor into discussions about whether adults and children need boosters.

The CDC has also failed to publish accurate and complete data on boosters. For example, according to [The New York Times](#) (NYT), when the CDC published its data on the effectiveness of boosters in adults younger than 65 years two weeks ago, it excluded a large portion of the population – the 18- to 49-year-olds.

Without booster data for this age group, vaccine experts tasked with making recommendations to federal health agencies were forced to rely on numbers from Israel. There's just one tiny problem, America isn't Israel and the two countries do not define critical terms the same way.

Many [people have died](#) or suffered very severe adverse reactions after receiving a COVID booster shot, based on a mandate justified by incomplete information put out by the CDC or largely inapplicable data from another country.

Relying on Israeli data to make booster recommendations for millions of Americans was not ideal, especially because Israel defines severe disease differently than the U.S., among other factors, said Dr. Paul Offit, an expert on the U.S. Food and Drug Administration's (FDA) vaccine advisory panel. Even Offit, a notorious pro-vaccine advocate has called out the CDC for their failure to be transparent and provide the data needed to make decisions impacting millions of people.

"There's no reason that they [the CDC] should be better at collecting and putting forth data than we were," Dr. Offit

said of Israeli scientists. “The CDC is the principal epidemiological agency in this country, and so you would like to think the data came from them.”

CDC spokesperson Kristen Nordlund said the agency has been slow to release the different streams of data “because basically, at the end of the day, it’s not yet ready for prime time.”

Nordlund said the agency’s “priority when gathering any data is to ensure that it’s accurate and actionable.” Another reason is fear that the information might be misinterpreted, she added.

The CDC’s response when questioned about their withholding of Covid data and lack of transparency is essentially “we don’t trust you to be able to understand the truth.”

The condescension is palpable. The wheels are finally coming off. <https://t.co/74ScUienhs>

– Nicole Saphier, MD (@NBSaphierMD) [February 20, 2022](#)

Last year, the agency came under fire when it decided on May 1, 2021, it would stop tracking breakthrough cases – COVID infections in those who are fully vaccinated – focusing instead only on individuals who became ill enough to be hospitalized or die.

In October 2021, the agency made it even harder to access their breakthrough data until a Freedom of Information Act Request was submitted to the agency for the numbers. Now, they [publish data on breakthrough cases](#), but it’s a risk comparison with unvaccinated adults, rather than data of hospitalized patients stratified by age, sex, race and vaccination status.

To even get to the chart with the data, a user must navigate through a series of pages with propaganda about how great,

safe and effective COVID vaccines are and search for the hard-to-find link to the breakthrough page. Once there, a user must download the data via a file to analyze even basic breakthrough data.

In reality, the CDC has been routinely collecting information since COVID vaccines were first rolled out last year, according to a federal official familiar with the matter. But the agency has been reluctant to make those figures public because it might be misinterpreted and lead people to believe vaccines aren't effective – even if the data shows they actually aren't.

Essentially, the CDC – funded in part by the pharmaceutical companies and foundations that are pushing vaccine mandates and stand to make billions – are selectively publishing only the information that supports their narrative (vaccines are effective) and their desired goal (increase vaccinations), even if the data legitimately shows COVID vaccines do not work.

One may argue the implications of this are “life and death,” given how transparent and complete data could have helped states and other agencies craft their recommendations and policies.

Nordlund confirmed concerns over vaccine hesitancy as one of the reasons for the CDC's failure to publish accurate and complete data. Another reason, she said, is that the data represents only 10% of the U.S. population. Yet the CDC has relied on the [same level of sampling](#) to track influenza for years.

“Tell the truth, present the data,” Offit said. “I have to believe that there is a way to explain these things so people can understand it.”

Knowing which groups of people were being hospitalized in the U.S, which other conditions those patients may have had and

how vaccines changed the picture over time would have been invaluable, Offit added.

Even the American Academy of Pediatrics (AAP) has [called out the CDC](#) for withholding data for over a year and a half.

The AAP repeatedly asked the agency for an estimate on the “contagiousness of a person infected with the virus five days after symptoms begin,” but was told the information was not available. Shortly thereafter, an answer to their question was provided in an NYT article published on Dec. 2021.

“They’ve known this for over a year and a half, right, and they haven’t told us,” Yvonne Maldonado, chair of the AAP’s committee on infectious diseases said. “I mean, you can’t find out anything from them.”

Unfortunately, it doesn’t end there, the CDC has failed to present prompt and accurate data on COVID and wastewater – which provides critical information on how the virus spreads and allows for early detection of new variants – and is continuing to ignore and suppress data on COVID vaccine injuries.