

# CDC Study: Why Are They Giving Kids COVID Vaccines That Don't Work?



Despite persistent recommendations from U.S. health agencies to vaccinate children as young as six months against COVID-19, a new study led by the Centers for Disease Control and Prevention (CDC) found that the shots do not reduce the risk of SARS-CoV-2 infection in children under 5 years old and may actually increase the risk of infection in some children.

The study, published in a [leading medical journal](#), analyzed data from three cohort studies conducted between September 2022 and April 2023 and found no difference in infection rates between vaccinated and unvaccinated children.

While health agencies claim that COVID-19 vaccines [reduce the risk of severe disease](#) in young children—who aren't at risk for severe illness in the first place—the findings of this study show the shots do no such thing, which was a cornerstone of public health messaging during the pandemic.

# The Study: What Researchers Found

To determine the effectiveness of COVID-19 vaccines in children under 5, researchers conducted a detailed analysis of three distinct cohort studies. A [cohort study](#) involves following a group of individuals over a set period of time to measure specific health outcomes. In this case, the researchers tracked SARS-CoV-2 infections in vaccinated and unvaccinated children aged 6 months to 4 years over eight months to determine how well they're protected by vaccines or prior infection.

The researchers, who have ties to the CDC and vaccine makers Pfizer and Moderna, admit in the paper that the shots were authorized for young children with "scarce" data showing they could actually prevent severe outcomes.

As part of the study, the researchers collected data on SARS-CoV-2 infection, prior infection history, and symptomatic COVID-19 cases. They determined each child's vaccination status and compared infection rates between the two groups.

The results were clear: There was no measurable difference in the risk of SARS-CoV-2 infection or symptomatic COVID-19 between vaccinated and unvaccinated children. This means that vaccinated children were just as likely to contract the virus and develop symptoms as unvaccinated children, but unvaccinated children were not at risk of experiencing adverse events associated with COVID-19 vaccines, such as blood clots, myocarditis, or worse, death.

Another notable finding also emerged: Children with evidence of prior SARS-CoV-2 infection were significantly less likely to become reinfected or develop symptomatic COVID-19 than children who had never had COVID-19. This suggests that natural immunity from a previous infection offers protection against both reinfection and symptomatic illness. Imagine that.

Natural immunity develops when the immune system encounters a virus and produces antibodies and other defenses to fight off future infections. Studies have consistently shown that natural immunity is robust and long-lasting, sometimes providing superior protection compared to vaccine-induced immunity.

The team, led by Leora Feldstein with the CDC, found that among naïve children with no prior infection, those who received Pfizer's COVID-19 vaccine had a higher likelihood of infection and symptomatic COVID-19 compared to unvaccinated children. There was no significant protective effect against infection or symptomatic disease when looking at bivalent boosters.

Despite this, U.S. health officials downplayed natural immunity throughout the pandemic, instead emphasizing vaccines as the primary tool for managing COVID-19. Ignoring natural immunity was crucial to justifying the approval of these injections for kids.

While the study did not directly address vaccine safety, data does not support exposing children to potential adverse events, especially when the benefits of COVID-19 vaccines in children simply don't exist.