

As winter COVID wave approaches, CDC recommends lower age for pneumonia vaccine

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The US Centers for Disease Control and Prevention (CDC) on Wednesday adopted new recommendations from their advisory panel to lower the age criteria from 65 to 50 years-of-age to receive the pneumococcal vaccine. The treatment protects against certain types of bacteria that can cause more severe pneumonia, meningitis, and sepsis, especially in elderly people. The recommendations also state that children under five, those with medical comorbidities like diabetes, chronic heart disease, kidney disorders or those who are immunocompromised should also consider these vaccines. Overall, mortality associated with such infections is approximately five percent.

Additionally, the CDC also recommended that those 65 years or older, or those six months to 64 years of age who are moderately or severely immunocompromised, receive an additional updated COVID-19 booster twice annually. The 14-to-1 vote taken by the Advisory Committee on Immunization Practices (ACIP) was immediately endorsed by CDC Director Dr. Mandy Cohen.

Cohen, in her usual evasive and glib manner, attempted to assure the public that “[this] vote allows people to make the best decisions possible to keep themselves and their loved ones safe from COVID-19. The CDC will continue to educate the public on how and when to get their updated vaccinations so they can risk less severe illness and do more of what they love.”

She made no mention of the approaching winter season and the tenth wave of the COVID pandemic which will soon begin to make its way across communities. She also made no comments about why such shifts in recommendations were required or why previously checked flu viruses and infections were once again on the rise.

Wastewater data indicate that the current rates of daily COVID infections across the US have remained stable at around 400,000 over a two-week period, meaning the trough of infections after the summer’s ninth wave of mass infection has now been reached. At the peak of the summer wave, infections reached over 1.3 million per day.

SARS-CoV-2, the virus that causes COVID, as well as other viral pathogens, are known to increase the risk of acquiring bacterial pneumonia, with the concomitant higher risk of

developing complications. Among the elderly and those disabled by chronic health conditions, community acquired pneumonia is known to increase their risk for respiratory failure, shock and death.

COVID already continues to harm the elderly by margins higher than usually seen with other chronic health problems they face. Dr. Jamie Loehr, a family medicine physician in Ithaca, New York, remarked recently that over the past year, elderly people continue to be hospitalized for COVID at rates above those usually seen for diabetes or heart disease.

The impetus for the CDC’s new recommendations also comes as the number of respiratory infections with the mycoplasma pneumoniae bacteria are on the rise across the country, especially among children. This is one of many pathogens that have made a resurgence as the entire public health edifice has been undermined by the bipartisan embrace of a policy of “forever COVID.”

A *BMJ* report published earlier this year noted:

[Since] the beginning of 2022, 44 countries have experienced a more than 10-fold increase in the incidence of at least one of 13 infectious diseases compared with a pre-pandemic baseline, according to the analysis by the UK based disease forecasting firm Airfinity and the US news website Bloomberg.

When this report was published, health experts had no explanations for this resurgence. They did note, however, that declining vaccination rates, especially among children, are likely to be the major factors for the emergence of measles, polio, tuberculosis, and whooping cough.

Kristan Piroeva, an Airfinity biorisk analyst, told the *BMJ*:

There is a well-documented correlation between declining vaccine coverage and increased incidence. Today, declining uptake is leaving populations vulnerable and allowing pathogens to spread.

Data presented by UNICEF had shown that 25 million children had missed at least one dose of the three shot diphtheria, tetanus and whooping cough vaccine in 2021, leading to the lowest levels seen in more than a decade.

There has been complete silence on the number of updated COVID boosters that have been administered since they were released earlier in the autumn, suggesting that the figures are abysmally low. Many Americans are unaware of the latest updates or suffer from vaccination fatigue and state they are planning to get the flu vaccines, indicating a profound lack of understanding of the dangers posed by COVID-19.

A recent survey by the National Foundation for Infectious diseases (NFID) found that “overall, less than one in five US adults expressed concern about themselves or someone in their family getting a respiratory infection this fall or winter.” They also noted that concerns about COVID have dropped to pandemic lows.

When queried, only 26 percent of US adults are planning to get the updated COVID-19 vaccines and 38 percent the flu vaccines, even though COVID remains a far more virulent and pathogenic virus, with nearly 1.5 million excess deaths due to COVID and over 20 million Americans now suffering from Long COVID. Most worrisome also was that among adults for whom pneumonia vaccination is recommended, only 25 percent have received such treatments. The main reasons cited for not obtaining these jabs stems from their concerns over the side effects, ineffectiveness, and general distrust of vaccines.

Clearly the dismantling of the public health infrastructure, the abandonment of all COVID pandemic measures to protect population, and the reactionary anti-science and anti-vaccine rhetoric from the pseudo-left and fascist elements in society have had a significant impact on public consciousness.

Although vaccines are critical and a necessary adjunct to the protection of the population, there must be a concerted effort on the part of the government to address the dangers posed by communicable diseases and pose solutions that protect social spaces such as schools, health centers, and factories and workplaces. Inevitably, the anti-public health policies adopted by the CDC bleed into the growing mistrust engendered.

A recent *Lancet* study on Long COVID involving approximately 75,000 people who participated in an online survey in China found numerous similarities to findings reported in US and European studies. Rates of fatigue (30.5 percent), memory decline (27.9 percent), decreased exercise tolerance (18.3 percent), and brain fog (16.9 percent), were considerable.

It must be recalled that the finding in *Nature* by Long COVID researcher, Dr. Ziyad Al-Aly, conservatively estimated the global burden for Long COVID at 409 million people by the end of 2023, which amounts to roughly five percent of the global population. This figure could now well be approaching 500 million.

Like studies conducted by Al-Aly and colleagues, the study

from China recognized that COVID vaccines, because they reduce severity, contribute to reducing risk of Long COVID. However, repeat infections drive these risks up and confound the benefits from vaccines suggesting reduction in COVID infections and reinfections is paramount, which should inform public health agencies on strategies to eliminate COVID.

Most concerning in the Chinese study was that acute or late COVID-19 patients were more susceptible to more pathogens. The report states:

We showed that the COVID-19 group had a significantly higher rates of bacterial infections (4.34 percent vs 1.48 percent), influenza virus infections (10.88 percent vs 5.41 percent), and mycoplasma infections (3.57 percent vs 0.78 percent). The non-COVID-19 respondents reported fewer infections from other pathogens than the COVID-19 group, possibly attributable to strict infection prevention measures or reduced public activities during the pandemic.

To ensure more rigorous conclusions, propensity score matching was used to balance the baseline features (age, gender, province, underlying disease, smoking, drinking, COVID-19 vaccine status) of COVID-19 (n = 11,936) and non-COVID-19 group (n = 4110). After matching, bacterial infection (p < 0.001), influenza virus infection (p < 0.001), and mycoplasma infection (p < 0.001) were all significantly higher in the COVID-19 group, indicating that COVID-19 may promote susceptibility to these pathogens for unknown reasons.

As the fifth year of the COVID-19 pandemic nears its conclusion, the international working class must draw important lessons. The implementation of a global elimination strategy towards COVID-19 and myriad other communicable diseases is not only sound, but necessary for the well-being and protection of all of society. This requires the marshalling of society’s resources to bolster public health and provide the working class with free and comprehensive medical services.



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