

COVID-19 fights bleed into larger 'anti-vaxx' movement, threaten longtime vaccine rules in schools



An anti-vaccine mandate protester holds a sign outside the front windows of the Los Angeles Unified School District headquarters in Los Angeles, Sept. 9, 2021 in this file photo. (AP Photo/Damian Dovarganes, File) ****FILE**** more >

By Tom Howell Jr. - *The Washington Times* - Saturday, January 29, 2022

The vocal backlash to COVID-19 vaccines and mandates around them is sparking concerns that the “anti-vaxx” movement is finding a way to broadcast its message far and wide and chip away at school vaccinations for other diseases.

Cybertrackers say the anti-vaccine movement has dramatically expanded its reach on social media, and lawmakers in some states have floated bills that could weaken long-standing immunization requirements or prevent colleges and other institutions from adding further vaccine requirements.

Much of the debate around COVID-19 shots focuses on government mandates instead of the safety of the vaccines. Yet immunization advocates are worried about a confluence of interests among political activists. The anti-vaxx community has demonstrated an ability to latch onto pro-freedom movements, notably in 2015 in Texas, and reach a broader audience.

A rally against vaccine mandates this month drew thousands to the National Mall in Washington, including anti-vaccine activist Robert Kennedy Jr.

“People who oppose vaccines are a small group, but they have found other groups who don’t like the government telling them what to do.

Unfortunately, [the anti-vaccine activists] have seen opportunities to glom onto other groups to amplify their voice,” said Rekha Lakshmanan, director of advocacy and policy at The Immunization Partnership. “The worry we have is this spilling over into kind of those routine school requirements that

we've had for decades and that we know are effective. They've been around for a long, long time. It's a cornerstone in public health. One of the things the anti-vaccine community is trying to achieve is completely undoing things like school requirements."

Attitudes about vaccine requirements for measles, mumps, rubella and other infectious diseases appear to be shifting alongside the COVID-19 mandate wars, and some politicians have shown a willingness to broaden exemptions from school rules.

YouGov, which tracks attitudes about vaccination, found that only 46% of Republicans believed in October that parents should be required to have their children vaccinated against infectious diseases, down from 59% in August 2020. The share among independents dropped from 61% to 56%. Support for vaccine requirements increased, from 79% to 85%, among Democrats.

Texas for Vaccine Choice, which advocates for broad exemptions to vaccine rules, said it has received increased interest during the pandemic.

The group advocated for SB 1669, a bill that would eliminate all vaccine requirements, including in schools, but said COVID-19 mandates remain its top target.

“Texans for Vaccine Choice has seen tremendous growth as Democrats have attempted to forcefully vaccinate every American citizen, and many Republicans are also hesitant to end all vaccine mandates. Our organization has gained thousands of members every month as more and more Texans wake up to the reality of forced vaccines in Texas,” said board President Christine Welborn. “The most clear and present threat for our members is the ineffective COVID vaccine and the mandates surrounding it. All vaccine mandates, both public and private, must be banned.”

The bill was left pending in committee.

In Kentucky, lawmakers are considering legislation that would prohibit colleges from imposing further vaccine mandates.

In mid-2021, Tennessee fired a top vaccine official during a spat over her push to get minors vaccinated for COVID-19. The state briefly halted outreach for adolescents for all vaccines in July, only to resume efforts weeks later. Health officials said they were simply making sure vaccine messages were directed at parents, not children, but the pause caused a national uproar.

A pending bill in Georgia would prohibit proof of vaccination for access to public places. Some fear the legislation would rope in school requirements.

Ms. Lakshmanan said it is common for lawmakers to go hard out of the gate because of the uproar over COVID-19 and then pull back when they realize that other diseases could be involved.

“You see them realize, ‘Oh my gosh, that’s not what the intention is,’ but once something is proposed, it starts to steamroll,” she said. “Even if it’s COVID now, in the future, it creates a pathway to expose all those other childhood vaccinations [to challenges].”

Roughly 64% of the U.S. population is vaccinated for COVID-19, though only those 5 and older are eligible. About 1 in 5 eligible Americans have not come forward for any shots despite pleas from federal and state officials to receive a primary series and a booster shot five months later.

Vaccine hesitancy stretches across a spectrum. Some people are concerned only about the COVID-19 shots because they are new or have limited efficacy.

On the other side of the spectrum are those who are ardently anti-vaccine. This movement goes back at least to the late 1800s, when people said a smallpox vaccine derived from less-severe cowpox might cause them to take on farm animal attributes.

Some people are attracted to the anti-vaccine movement because they fear, rightly or wrongly, that their child had an adverse reaction to a shot.

The modern anti-vaccine movement was fueled in part by a 1998 study by Andrew Wakefield that linked vaccination and autism. The study was later shown to be critically flawed.

Efforts to rein in nonmedical exemptions to childhood vaccination requirements in California and Texas after well-publicized measles outbreaks in 2015 sparked a major backlash. Anti-vaccine activists joined

forces with pro-liberty groups with parallel worries about the reach of government.

Questions about the safety of vaccines versus resistance to mandates are distinct, even though they are often muddled together. For that reason, it is hard to determine how many people are being drawn to anti-vaccine sentiments beyond opposition to the mandates.

Renee DiResta, a researcher at Stanford University, said there are signs that the anti-vaxx movement “has reached new adherents.”

“Long-standing anti-vaccine activists such as RFK Jr., who has spent years objecting to school requirements for [measles, mumps and rubella], saw significant audience growth on platforms like Instagram during the pandemic. Many likely begin to follow these long-standing anti-vaccine activists because their opinions on COVID mandates align,” she said.

“However, the activists saw this as an opportunity to then make the connection back to school shots. Some see it as an opportunity to convince the broader public that all of the science for all vaccines is bad and believe that those opposed to COVID mandates can be ‘awakened’ to that broader fact.”

She said long-standing anti-vaccine activists were entrenched in the QAnon community before the pandemic, giving them “a pathway into some of the more conspiratorially inclined right-leaning communities on social media.”

Neil Johnson, a professor at George Washington University, said he has seen a 20% increase in “community interconnectivity” between anti-vaccine groups and mainstream communities online. That means parents looking for information are more likely to encounter anti-vaccine messages.

“These mainstream communities have been reaching out for info online and now receive feed from many of these other communities, including anti-vaxx, but also now alternative health and even non-COVID conspiracy communities,” he said in an email.

The Biden administration has offered tips on navigating media sources and speaking with family members who are skeptical of the COVID-19 vaccines. The White House has prodded social media platforms to help combat misinformation about the shots.

Some public health experts say the government should have been more proactive in preparing for the backlash to the vaccines.

“Basically, nothing is being done about it, and all of this should have been initiated before the launch of the COVID vaccines knowing there was a strong anti-vaxx U.S. movement,” said Eric Topol, a professor of molecular medicine and executive vice president at Scripps Research.

Others warned President Biden that issuing mandates from the federal government might be self-defeating because it could turn vaccination into a partisan issue.

“I think the downside of this mandate, in terms of hardening positions and taking something that was subtly political and making it overtly political, could outweigh the benefits we hoped to achieve,” former Food and Drug Commissioner Scott Gottlieb, who sits on the board of Pfizer, a top COVID-19 vaccine manufacturer, told CBS’s “Face the Nation” in September.

The Supreme Court recently blocked Mr. Biden's most controversial mandate, which would have required large companies to identify unvaccinated employees and test them weekly.

Immunization managers said routine vaccinations for measles and other infectious diseases have declined slightly. One study found that 74% of infants turning 7 months old in September 2020 were up to date on their vaccinations, a drop from 81% in September 2019, though the Centers for Disease Control and Prevention said it believes disruption from the pandemic, not anti-vaccine sentiment, was the primary reason.

"CDC continues to investigate the impact of the COVID-19 pandemic on other vaccination efforts, but does not have evidence at this time that suggests COVID-19 vaccine hesitancy is directly impacting confidence in routine childhood and adult vaccines," the agency told The Washington Times. "While we know the COVID-19 pandemic has impacted routine vaccination coverage, we believe the decline is associated with disruptions caused by the pandemic rather than a decline in vaccine confidence."

Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, is worried that the combination of disruptions and vaccine hesitancy could lead to new outbreaks.

"We'll know later this winter, spring," he said, "when measles epidemics historically occur."

For more information, visit The Washington Times COVID-19 resource page.

• *Tom Howell Jr. can be reached at thowell@washingtontimes.com.*

When will the pandemic be over? It's complicated, scientists say

WHO says there is no formal mechanism for removing moniker



Masks hang on sticks during a practice session for Switzerland's women's hockey team at the 2022 Winter Olympics, Wednesday, Feb. 2, 2022, in Beijing. (AP Photo/Matt Slocum) [more >](#)

By Tom Howell Jr. - *The Washington Times* - Wednesday, February 2, 2022

Don't expect President Biden or the World Health Organization to tell you when the COVID-19 pandemic is over. They're not sure themselves.

While European nations and U.S. governors declare an end to the COVID-19 emergency and lift restrictions, the WHO says the pandemic is “nowhere near finished” and there is no formal mechanism for declaring the beginning or end of one.

The ambiguity leaves a fragmented and uncertain route to an endemic phase, in which a virus is generally present and managed like other diseases.

“There is no formal declaration of moving from a pandemic to endemic phase that I am aware of,” said Dr. Timothy Brewer, a professor of epidemiology at the University of California, Los Angeles’ Fielding School of Public Health. “For example, the human immunodeficiency virus pandemic has been going on for 40 years. HIV is endemic in some populations but has never been declared as such. Nor are there metrics that I am aware of.”

WHO Director-General Tedros Adhanom Ghebreyesus made a splash when he labeled the coronavirus crisis a pandemic on March 11, 2020. He said it was a characterization and didn't change the U.N. agency's threat assessment or strategy.

Still, the weighty label has been affixed to the crisis for nearly two years, and it's not clear how and when it will be peeled off.

When the worldwide spread of any disease is brought under control to a local area, it is no longer a pandemic but an epidemic, according to WHO. If a disease is globally present but at expected or normal levels, it is not considered a pandemic but endemic — for instance, chickenpox or malaria.

“A pandemic is a characterization of disease in view of its geographical spread,” according to a WHO statement to The Washington Times. “The term carries no recognition under international law and there is no general, formal mechanism for declaring the beginning or end of a pandemic.”

Rather, the highest level of alarm under international law is the declaration of a Public Health Emergency of International Concern, which the WHO emergency committee revisits every three months. After its meeting in mid-January, it said COVID-19 remains an emergency of international concern.

“Unlike the first SARS outbreak, where it was very clear there was an ending because there were no cases, this isn’t going to go away,” Dr. Brewer said. “It’s going to circulate for a while. At some point, some people will just stop mentioning the word ‘pandemic.’”

For now, the U.S. and other nations are battling a fast-moving omicron variant that is causing record rates of infection, though it appears to cause milder disease. Vaccines are plentiful in the U.S., and other Western nations are maxing out who will take them to guard against severe disease, though the virus is expected to cause some level of infection in perpetuity.

Some say the pandemic label will be removed once hospitalization and death rates drop and teacher shortages and other societal disruptions from the disease disappear. However, those metrics need to be sustained to consider an end to the pandemic phase.

Temporary improvement in those metrics is “not sufficient alone because if you did it based on that, in June we were endemic,” said Julie Swann, a health systems expert who leads a team of pandemic modelers at North Carolina State University, referring to mild case levels last summer. “I look for not just a day or a week. I’m looking at over weeks to months.”

Experts said the closest thing to a formal declaration will be the WHO’s lifting of its public health emergency designation, though various countries and luminaries might start using the “endemic” lingo.

“Countries that have very high levels of population immunity from vaccines and prior infections will be first to move to an endemic phase. But leaders will also make different decisions in different countries, so we won’t see a

single moment when the pandemic is over,” said Lawrence O. Gostin, a global health law professor at Georgetown University.

Some places have already declared an end to the emergency phase, no matter what it is called.

“The emergency is over. Public health [officials] don’t get to tell people what to wear; that’s just not their job,” Colorado Gov. Jared Polis, a Democrat, told Colorado Public Radio in December, explaining why he will not order another mask mandate.

Denmark this week became the first European country to lift all of its restrictions, including mask mandates and vaccine passes for bars. It cited the lower level of critical hospitalizations, despite rampant infection.

Norway is dropping restrictions on bars’ operating hours and said people don’t have to work from home anymore. France dropped an outdoor mask mandate, and Austria is making vaccines mandatory instead of trying to confine people in lockdown.

The Philippines will welcome tourists again on Feb. 10, and Hong Kong and South Korea are reducing quarantine times for international travelers.

As of Tuesday, people in San Francisco could go to gyms and offices without masks if they are fully vaccinated and boosted, or if they are unvaccinated and produce a negative test. Baltimore and Anne Arundel counties in Maryland lifted their mask mandates this week, citing declining positivity rates.

“From a societywide perspective, after two years on this hellish highway, it appears our country is finally arriving at the off-ramp,” Senate Minority Leader Mitch McConnell, Kentucky Republican, said in a floor speech Wednesday. “The virus appears to be heading endemic. Seventy percent of Americans agree with the statement, ‘It’s time we accept that COVID is here to stay and we just need to get on with our lives.’ It is time for the state of emergency to wind down.”

The get-on-with-it approach is making the WHO skittish. Officials cite the shape-shifting nature of the virus and ongoing crises in most parts of the world.

“Despite national, regional, and global efforts, the COVID-19 pandemic is nowhere near finished,” the WHO said. “Factors driving the current situation include variants of concern, inconsistent application of [public health and social measures], increased social mobility, and highly susceptible populations due to lack of equitable vaccine distribution. The pandemic continues to evolve with many variants of concern dominating global epidemiology. There is a strong likelihood for the emergence and global spread of new and possibly more dangerous variants of concern that may be even more challenging to control.”

Scientists point to the potential for new and dangerous variants that evade existing vaccines and treatments.

The wily nature of this pathogen sets it apart from Ebola, a virus that caused high-profile outbreaks in Africa over the past decade but had a clear beginning and endpoint and never reached a pandemic level of threat. WHO

considers Ebola outbreaks to be over if two incubation periods of the virus, or a total of 42 days, have elapsed after the last confirmed patient was discharged from care.

On the coronavirus, the health agency said it is dangerous to assume omicron will be the latest variant or that the world has entered the endgame of the crisis. However, it said the world can inch closer to ending the pandemic by vaccinating 70% of the population of every country and ensuring equal distribution of lifesaving tools and essential care.

"Each country is in a unique situation and must chart its way out of the acute phase of the pandemic with a careful, stepwise approach," Dr. Tedros said on Jan. 24. "It's difficult, and there are no easy answers, but WHO continues to work nationally, regionally and globally to provide the evidence, the strategies, the tools and the technical and operational support countries need."

He said, "If countries use all of these strategies and tools in a comprehensive way, we can end the acute phase of the pandemic this year. We can end COVID-19 as a global health emergency, and we can do it this year."

The White House has said the U.S. has the tools to enter a new phase in dealing with the virus but hasn't detailed when that might be.

"The president's view is that we're not going to live like this forever. We don't want to live like this forever," press secretary Jen Psaki said Wednesday.

"Our objective and our goal is on ending this pandemic as we end it today so it's not something that is disrupting our daily lives. We'll do more and more to protect people and accelerate the path out of this pandemic."

For more information, visit [The Washington Times COVID-19 resource page](#).

- *Tom Howell Jr. can be reached at thowell@washingtontimes.com.*

Big flu season looms after dormant 2 years: COVID shutdowns, masks cause 'immunologic vulnerability'

Australia suffered robust flu season, experts warn it's likely headed for the U.S.



A man receives a flu shot in Brattleboro, Vt., on Tuesday, Oct. 26, 2021. This winter's mild flu season has faded to a trickle of cases in much of the U.S., according to data released by the Centers for Disease ... more >

By Tom Howell Jr. - *The Washington Times* - Monday, September 19, 2022

Scientists say Americans should brace for a potentially dire flu season as the pathogen begins to show up early in the season and society drops masks and mingles after two years of COVID-19 restrictions.

Parts of the Southern Hemisphere saw a busy flu season after two relatively dormant years, as people hunkered down and covered their faces because of COVID-19. The pathogen hit Australia earlier than usual and produced plenty of cases in children who were not exposed to flu during the last season.

Flu season in the U.S. and Northern Hemisphere tends to begin smoldering in late October before taking off around Christmas, though surveillance teams are already detecting a trickle of cases.

Public health officials are wringing their hands over what lies in store for two reasons. First, people are more comfortable gathering maskless in groups as COVID-19 is viewed as a manageable plight, which could allow the flu to spread more easily.

Second, with fewer flu exposures during the COVID-19 period, people haven't been able to pick up the type of immunity that might last long enough to protect them this season.

"I'm mostly concerned because people haven't been together in the workplace and other gatherings for years, so there is some immunologic vulnerability," said Peter Hotez, an infectious diseases expert at the Baylor College of Medicine.

Children who haven't had much exposure to flu in recent years, because of COVID-19 measures were particularly vulnerable to the pathogen in Australia and accounted for the biggest reporting rates.

Across all ages, Australia's latest data release shows it reported over 220,000 cases of flu this season and nearly 300 deaths.

"Australia and some other countries in the Southern Hemisphere saw a very early influenza season and very high numbers of cases. The season ended up being as long as expected — six-eight weeks in total — but there were a larger number of cases in people that were younger than 18 years of age," said Andy Pekosz, a professor at Johns Hopkins Bloomberg School of Public

Health who studies respiratory viruses. “While vaccines provide some protection against influenza, it’s also clear that people infected with influenza have immunity and this immunity also keeps case numbers down.”

Disease trackers at Vanderbilt University in Tennessee typically begin routine surveillance of the flu in October but they picked up five cases during a single week this month.

“During the summer and into September we only hear of scattered cases, so this is an unusual blip,” said William Schaffner, an infectious diseases specialist at Vanderbilt.

Scientists and colleges contacted by The Washington Times said there haven’t been any major outbreaks reported so far, but it is only mid-September.

Some colleges, including New York University, said they have not documented any recent cases while American University said it saw a “small number of cases” but not a significant amount of spread.

The University of Texas at Austin, where more than 50,000 students are enrolled, has reported three dozen cases of flu since classes began in late August.

“To help protect the community and prevent further spread of the virus, UT encourages the community to follow all CDC recommendations which include staying home for at least 24 hours after the fever is gone, without the use of fever-reducing medication,” said university spokeswoman Susan Hochman.

The situation poses the risk of a so-called “twindemic” of flu and surging COVID-19 over the holidays and winter.

President Biden told CBS' “60 Minutes” on Sunday he thinks the pandemic phase of COVID-19 is over but the virus remains a challenge.

The administration is urging Americans to get both a flu shot and a reformulated COVID-19 booster shot from Moderna or Pfizer-BioNTech, which targets the dominant variants, in the coming weeks.

“I really believe this is why God gave us two arms — one for the flu shot and the other one for the COVID shot,” White House COVID-19 Coordinator Ashish Jha said this month.

Scientists are hopeful the flu shot, meanwhile, will be well-matched to circulating strains, including the influenza-A H3N2 type that was dominant last year and may return.

Some people might wait to get their COVID-19 booster until later in the year because scientists recommend a three-month pause after a natural infection. The virus infected many people over the summer, including Mr. Biden, first lady Jill Biden and Dr. Anthony Fauci of the National Institutes of Health.

Experts say people traditionally opt for the flu shot closer to Halloween.

“Flu shots are optimally given so as to provide protection for the duration of the flu season which traditionally peaks in February,” said Amesh Adalja, a senior scholar at the Johns Hopkins Center for Health Security. “I recommend getting flu shots around late October however if someone can only get it earlier, that is when they should get it.”

For more information, visit [The Washington Times COVID-19 resource page](#).

- *Tom Howell Jr. can be reached at thowell@washingtontimes.com.*