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## **CDC “adjustment” slashes child COVID-19 deaths by 25 percent**

The US Centers for Disease Control and Prevention (CDC) slashed its reported number of child COVID-19 deaths by nearly 25 percent Wednesday without any serious explanation, amid a deepening effort by the entire political establishment to cover up the ongoing mass death from the pandemic. According to Newsnodes, an average of 1,138 people are dying from COVID-19 every day in the US as the official death toll approaches 1 million.

In its COVID Data Tracker, the CDC eliminated 72,277 deaths previously reported across 26 states, including 416 pediatric deaths.



David J. Sencer CDC Museum in Atlanta, GA (Source: Wikimedia Commons)

Explaining the change, the CDC claimed that “data on deaths were adjusted after resolving a coding logic error. This resulted in decreased death counts across all demographic categories.”

In a subsequent response to an inquiry by the *World Socialist Web Site*, the CDC elaborated on its earlier statement, writing, “An adjustment was made to COVID Data Tracker’s mortality data on March 14 involving the removal of 72,277—including 416 pediatric deaths—deaths previously reported across 26 states because CDC’s algorithm was accidentally counting deaths that were not COVID-19 related.”

This response clearly indicates that the CDC has changed what is counted as a COVID-19 death. The move comes as the CDC is actively working to implement measures that would differentiate COVID-19 hospitalizations and deaths “from” COVID-19 as opposed to “with” COVID-19, in what is widely perceived to be an effort to reduce the number of official COVID-19 hospitalizations and deaths.

Greg Travis, a data analyst with decades of experience in the healthcare industry, told the WSWS that the CDC’s data change “makes very little sense.”

Travis commented that he has never witnessed a change of this type or magnitude, noting, “Sometimes you will see small variants in the Data Tracker where deaths decrease by a few dozen one month to another, but I’ve never seen the toll in a specific age group start shooting up and then come crashing down. And I have never seen the number of deaths they’re drawing data from come down. That’s never happened.”

WONDER, the Wide-Ranging Online Database for Epidemiological Research, is a searchable directory from the CDC with data on births, deaths, disease, environmental exposures and population statistics. It publishes a report titled Provisional Mortality Statistics that is based on the death certificates received by the National Vital Statistics System (NVSS) through the National Center for Health Statistics (NCHS).

The NCHS also publishes its own weekly report on provisional death counts due to COVID-19. The NCHS report and WONDER use the same data from the CDC’s aggregation of death certificates, with WONDER consistently showing far less pediatric deaths than Data Tracker.

Despite the decrease in pediatric deaths on Data Tracker, which reduced the figure from a height of 1,755 on March 15 to 1,339 on March 16, the tracker still shows significantly more pediatric deaths than the NCHS or WONDER. The current pediatric COVID-19 death toll according to NCHS is 921. Data Tracker has added an additional 17 after Wednesday's reduction.

While the NCHS's weekly report is based on death certificates that the CDC has received and reviewed from states, the Data Tracker publishes daily reports on COVID-19 cases and deaths that the CDC receives from state and local health departments.

In its reply to the WSWS, the CDC noted that the Data Tracker offers the most real-time information, while the NCHS data is the most "complete source." NCHS updates once per week, whereas Data Tracker updates six days per week.

Following the CDC's revisions, multiple press personnel, doctors and anti-COVID activists issued revisions to their articles and Tweets, accepting the CDC's claim that the NCHS data is the most accurate source for counting pediatric deaths.

However, in explaining the discrepancy between the two data sets, the CDC acknowledged in an email to a *New York Times* writer that pediatric death certificates can lag far behind adult death certificates: "Depending on the jurisdiction, finalizing a [pediatric] death certificate can take months."

The unprecedented surge of child infections and hospitalizations during the Omicron wave peaked in January, when 1,150,543 children were infected during the week ending January 20, according to the American Academy of Pediatrics (AAP).

The steepest rise in pediatric deaths, as seen through Data Tracker, has occurred during and following the height of the Omicron wave, with the most rapid increase happening since the start of 2022.

By the CDC's own explanation, many of the child deaths recorded by Data Tracker would not yet have been processed through the CDC's collection of death certificates.

Another issue with relying on death certificates to estimate COVID-19 deaths is the fact that they pass through the system of coroners and medical examiners. The WSWS has previously explained the antiquated and politically manipulated nature of this system.

In many jurisdictions, being appointed or elected coroner requires neither extensive training nor a background in medicine. One coroner in Missouri admitted to striking COVID-19 from the death certificate at the request of the family.

Additionally, Greg Travis pointed out that WONDER, using death certificates confirmed by NCHS, is totally unreliable for tracking deaths from Multi-Inflammatory Syndrome in Children (MIS-C), a disease which has been connected to prior COVID-19 infection.

Currently, WONDER only shows four total deaths from MIS-C, whereas Data Tracker records 63 deaths from the COVID-19 complication.

The WONDER count is verifiably incorrect. The Louisiana Department of Health has confirmed 16 MIS-C deaths in the state, while New York State has confirmed three MIS-C deaths.

The WSWS has followed up with the CDC for further clarification about why its algorithm was counting deaths that were not COVID-19-related. It is unclear why the change only involves 26 states and whether these deaths span the entirety of the pandemic or a specific period of time.

The CDC acknowledges that the 72,277 deaths took place. Were these people diagnosed with COVID-19? In other words, does the change reflect that their deaths were reclassified despite a COVID-19 diagnosis?

It is also unclear why the error “resulted in decreased death counts across all demographic categories” but not a decrease in the total death count shown by Data Tracker, since they are both based on the same reporting system.

The changes to the CDC’s data come amid a broader campaign to cover up infections, hospitalizations and deaths from COVID-19 at the federal, state and local level across the US, which escalated during the Omicron surge.

In February, in addition to the White House seeking to change criteria for defining COVID-19 hospitalizations to fabricate lower numbers, the Department of Health and Human Services ended its requirement for hospitals to report daily in-hospital COVID-19 deaths. Following suit, states across the US have moved to shut down case and death reporting.

The CDC itself has repeatedly made antiscientific recommendations which prioritize the interests of the corporate elite over the protection of human life, including reducing quarantine and isolation guidelines and changing masking recommendations to align with hospital capacity rather than community transmission. The latter move resulted in 70 percent of the US population shifting from living in a high-risk area to a low- or medium-risk area overnight.

In February, the *New York Times* reported that the CDC had withheld critical information about COVID-19, including on booster effectiveness, breakthrough infections and wastewater data, for over a year.

The slashing of 72,277 deaths, including nearly 25 percent of pediatric deaths, raises once again the need for the public to have access to reliable, comprehensive and timely data about COVID-19.

Entering the third year of the pandemic, rather than improve and expand the systems for collecting, verifying and publicizing such information with uniform reporting requirements across states, the health authorities in the US, as in most of the world, have moved to reduce COVID-19 data and obscure it from public view.

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