How to reach us

Bulletin

CIRCULATION

Didn't receive your paper? Start or stop subscription? 541-385-5800

PHONE HOURS

8 a.m.-4 p.m. Monday-Friday 7 a.m.-11 a.m. Saturday-Sunday and holidays

GENERAL INFORMATION

541-382-1811

8 a.m.-5 p.m. Mon.-Fri.

ONLINE www.bendbulletin.com

EMAIL

bulletin@bendbulletin.com

AFTER HOURS 541-383-0348

Circulation. ...541-385-5800

NEWSROOM EMAIL

.. news@bendbulletin.com

communitylife@bendbulletin.com

NEWSROOM FAX

541-385-5804

OUR ADDRESS

. 320 SW Upper Terrace Drive Suite 200 Bend, OR 97702 .. P.O. Box 6020

Bend, OR 97708



ADMINISTRATION

Heidi Wright	541-383-034
Editor	
Gerry O'Brien	541-633-216

DEPARTMENT HEADS

	Advertising	
	Brian Naplachowski	.541-383-0370
Circulation/Operations		
	Jeremy Feldman	541-617-7830
	Finance	
	Anthony Georger	541-383-0324
	Human Resources	541-383-0340

City Julie John Soll			
Business, Features, GO! Magazine			
Jody Lawrence-Turner	541-383-0308		
Editorials Richard Coe	541-383-0353		
News Tim Doran	541-383-0360		
Photos	541-383-0366		
Sports	541-383-0359		

TALK TO AN EDITOR

TALK TO A REPORTER Bend/Deschutes Government

Brenna Visser	541-633-2160
Business	
Suzanne Roig	541-633-2117
Calendar	541-383-0304
Crook County	541-617-7829
Deschutes County	541-617-7818
Education	541-617-7854
Fine Arts/Features	
David Jasper	541-383-0349
General Assignment	
Kyle Spurr	541-617-7820
Health	
Suzanne Roig	541-633-2117
Jefferson County	541-617-7829
La Pine	541-383-0367
Public Lands/Environmer	nt
Michael Kohn	541-617-7818
Public Safety	
Garrett Andrews	541-383-0325
Redmond	541-617-7854
Salem/State Government.	541-617-7829
Sisters	541-383-0367
Sunriver	541-383-0367

REDMOND BUREAU ..P.O. Box 6020 Mailing address

Bend, OR 97708 .541-617-7829

CORRECTIONS

The Bulletin's primary concern is that all stories are accurate. If you know of an error in a story, call us at 541-383-0367.

TO SUBSCRIBE

Call us	541-385-5800
 Home delivery 	
and E-Edition	\$7 per wee
 By mail 	\$9.50 per wee
• E-Edition only	\$4.50 per wee
T	

To sign up for our e-Editions, visit

TO PLACE AN AD

Classified	.541-385-5809
Advertising fax	.541-385-5802
Other information	.541-382-1811
Other information	

OBITUARIES

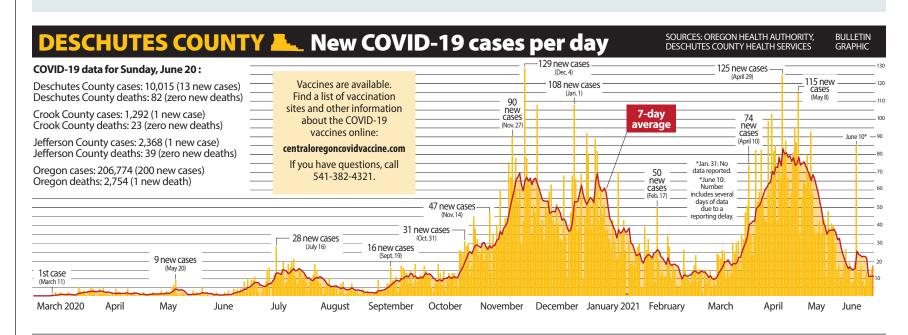
No death notices or obituaries are published Mondays. When submitting, please include your name, address and contact number. Call to ask about deadlines, Monday-Friday, 10 a.m.-3 p.mobits@bendbulletin.com

OTHER SERVICES

OTTIEN SERVICES		
Back issues	541-385-5800	
Photo reprints	541-383-0366	
Apply for a job	541-383-0340	

All Bulletin payments are accepted at the drop box at City Hall or at The Bulletin. P.O. Box 6020, Bend, OR 97708. Check payments may be converted to an $\,$ electronic funds transfer. The Bulletin USPS #552-520, is published daily by Central Oregon Media Group, 320 SW Upper Terrace Drive, Bend, OR 97702. Periodicals postage paid at Bend, OR. Postmaster: Send address changes to The Bulletin circulation department, P.O. Box 6020, Bend, OR 97708. The Bulletin retains ownership and copyright protection of all staff-prepared news copy, advertising copy and news or ad illustrations. They may not be reproduced without explicit prior approval.

LOCAL, STATE & NATION



COVID-19 updates

Not all experts are ready to vaccinate kids

BY ARTHUR ALLEN

Kaiser Health News

Lucien Wiggins, 12, arrived at Tufts Children's Hospital by ambulance June 7 with chest pains, dizziness and high levels of a protein in his blood that indicated inflammation of his heart. The symptoms had begun a day earlier, the morning after his second vaccination with the Pfizer-BioNTech mRNA shot.

For Dr. Sara Ross, chief of pediatric critical care at the Boston hospital, the event confirmed a doubt she'd been nursing: Was the country pushing its luck by vaccinating children against COVID-19 at a time when the disease was relatively mild in the young and skepticism of vaccines was frighteningly high?

'I have practiced pediatric ICU for almost 15 years and I have never taken care of a single patient with a vaccine-related complication until now," Ross told KHN. "Our standard for safety seems to be different for all the other vaccines we expose children to."

To be sure, cases of myocarditis like Lucien's have been rare, and the reported side effects, though sometimes serious, generally resolve with pain relievers and, sometimes, infusions of antibodies. And a COVID-19 infection itself is far more likely than a vaccine to cause myocarditis, including in younger people.

Lucien went home, on the mend, after two days on intravenous ibuprofen in intensive care. Most of the 800 or so cases of heart problems among all ages reported to a federal vaccine safety database through May 31 followed a similar course. Yet the pattern of these cases — most occurred in young males after the second Pfizer or Moderna shot suggested that the ailment was caused by the vaccine, rather than being coincidental.

At a time when the vaccination campaign is slowing, leading political conservatives are openly spreading disinformation about vaccines, and scientists fear a possible upsurge in cases this fall or winter, side effects in young people pose a conundrum for public health

The Centers for Disease Control and Prevention's vaccine advisory committee met Friday to discuss the possible link and whether it merits changing its recommendations for vaccinating teenagers with the Pfizer vaccine, which the Food and Drug Administration last month authorized for children 12 and older. A similar authorization for the Moderna vaccine is pending, and both companies are conducting clinical trials that will test their vaccines on children as young as 6 months old.

At a meeting of an FDA advisory committee this month, vaccine experts suggested that the agency require the pharmaceutical companies to hold larger and longer clinical trials for the younger age groups. A few said FDA should hold off on authorizing vaccination of younger children for up to a

year or two. Interestingly, Lucien and his mother, Beth Clarke, of Rochester, New Hampshire, dis-



The safety of COVID-19 vaccinations for children has proved controversial. "We all want a pediatric vaccine, but I'm concerned about the safety issue," said Dr. Cody Meissner, chief of pediatric infectious diseases at Tufts Children's Hospital in Boston.

agreed. Her son's reaction was "odd," she said, but "I'd rather him get a side effect (that doctors) can help with than get COVID and possibly die. And he feels that way, which is more important. He thinks all his friends should get it."

COVID-19's toll on youths

Data regarding COVID-19's impact on the young is somewhat messy, but at least 300 COVID-19-related deaths and thousands of hospitalizations have been reported in children under 18, which makes COVID-19's toll as large or larger than any childhood disease for which a vaccine is currently available. The American cademy of Pediatrics wants children to receive the vaccine, assuming tests show it is safe.

But healthy people under 18 have generally not suffered major COVID-19 effects, and the number of serious cases among the young has tumbled as more adults become vaccinated. Unlike other pathogens, such as influenza, children are generally not infecting older, vulnerable adults. Under these circumstances, said Dr. Cody Meissner — who as chief of pediatric infectious diseases at Tufts consulted on Lucien's case — the benefits of COVID-19 vaccination at this point may not out-

weigh the risks for children. "We all want a pediatric vaccine, but I'm concerned about the safety issue," Meissner told fellow advisory commission members recently. An Israeli study found a five- to 25-fold increase in the heart ailment among males ages 16-24 who were vaccinated with the Pfizer shot. Most recovered within a few weeks. Two deaths occurred in vaccinated men that don't appear to have been linked to the vaccine.

Young people could experience long-term effects from the suspected vaccine side effect such as scarring, irregular heartbeat or even early heart failure, Meissner said, so it makes sense to wait until the gravity of the problem becomes clearer.

"Could the disease come back this fall? Sure. But the likelihood I think is pretty low. And our first mandate is do no harm," he said.

Ross said the biggest pandemic threats to children that her ICU has witnessed are drug overdoses and mental illness brought on by the shutdown of normal life.

"Young children are not the vectors of disease, nor are they driving the spread of the epidemic," Ross said. While eventually everyone should be vaccinated against COVID-19, use of the vaccines should not be expanded to children without extensive safety data, she said.

Moderna and Pfizer this summer began testing their vaccines in younger kids. A Pfizer spokesperson said the company expects to give about 2,250 children ages 6 months to 11 years vaccine as part of its trial; Moderna said it would vaccinate about 3,500 children in the 2-11 age range.

Some members of the FDA advisory committee proposed that up to 10,000 kids be included in each trial. But Marion Gruber, leader of the FDA's vaccine regulatory office, pointed out that even trials tha large wouldn't necessarily detect a side effect as rare as myocarditis seems to be.

Balancing risk

At some point, federal regulators and the public must decide how much risk they are willing to accept from vaccines versus the risk of a COVID-19 virus that continues to spread and mutate around the world, said Dr. Paul Offit, director of the Vaccine Education Center at Children's Hospital of Philadelphia.

'We're going to need a highly vaccinated population for years or perhaps decades," Offit said at the meeting. "It seems hard to imagine that we won't have to vaccinate chil-

Oregon will miss this week's original vaccine goal

Vaccination rates in Oregon have continued to plummet, with the seven-day average number of doses dropping over 8% from June 19 to June 20.

Gov. Kate Brown announced earlier this month that Oregon would end mask and distancing requirements when 70% of adults had at least one COVID-19 vaccine dose. As of Friday, 68.5% of Oregon adults had received at least one dose, leaving just 51,616 people in need of vaccinations to reach the threshold, according to the Oregon Health

Oregon will be unable to meet that goal by Monday, the date Brown had originally targeted for the state to meet the metric. With the number of daily vaccine doses administered rapidly declining, Oregon may not meet that metric by the time Brown's COVID-19 emergency order expires June 28, either.

The state reported 10,006 newly administered doses, which includes 5,675 Saturday and the remainder from previous days. The seven-day average number of doses administered is now 12,724 doses per day. To date, the state has reported 4,306,340 vaccine doses administered, fully vaccinating 2,102,735 people and partially vaccinating 249,690 people.

Former FDA chief warns of an autumn virus surge

The transmission of the more contagious Delta variant in the United States could spur a fall surge in coronavirus infections if only 75% of the country's eligible population is vaccinated, former Food and Drug Administration chief Scott Gottlieb said Sunday.

While Gottlieb cited one projection forecasting an increase in infections reaching as high as 20% of last winter's peak, he called that an "aggressive estimate," saying he doesn't "think it'll be quite that dire." But he said states with low vaccination rates are already showing a concerning rise in cases with the spreading of Delta, which is up to 60% more contagious than earlier variants.

"So Connecticut, for example, where I am, shows no upsurge of infection, but Mississippi, Alabama, Arkansas, Missouri show very substantial upsurges of infections. That's based entirely on how much population-wide immunity you have based on vaccination," Gottlieb said on CBS's Face the Nation program.

He urged a renewed vaccination push closer to the fall, as people prepare to return to school and work, when he said they may be more open to the shots.

Gottlieb serves on the board of directors of Pfizer Inc.

— Bulletin wire reports

dren going forward."

While authorities have a duty to speak frankly about the safety of vaccines, there is also a responsibility not to frighten the public in a way that discourages them from seeking protection. Focusing too much attention on potential harms from the Pfizer and Moderna vaccines for children could have a tragic result, said Dr. Saad Omer, director of the Yale Institute for Global Health and an expert on vaccine hesitancy. "Very soon we could be in a situation where we really need to vaccinate this population, but it will be too late because

you've already given the message that we should not be do-

ing it," he said. Eventually, perhaps next year, K-12 mandates might be called for, said Dr. Sean O'Leary, a professor of pediatric infectious diseases at the University of Colorado. "There's so much misinformation and propaganda spreading that people are reticent to go there, to further poke the hornet's nest," he said. But once there is robust safety data for children, "when you think about it, there's no logical or ethical reason why you

