

# “In the eye of the hurricane”: The COVID-19 pandemic and the new variants

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There have been 106.9 million cases of COVID-19 confirmed worldwide since the beginning of the pandemic. There have also been over 2.3 million deaths, a conservative estimate by all accounts. After the massive winter surge, cases have been steadily declining primarily due to containment measures put into effect by many countries after seeing their health systems approach near collapse or falter altogether.

Still, the seven-day moving average of cases remains exceptionally high, with more than 457,000 cases each day. Although it is encouraging that the death toll is following the fall in cases, it still stands at an abominable 12,712 average deaths per day. The dominance of more infective and lethal variants of the coronavirus that are also immune-evading will assuredly, in the context of the global policy of “herd immunity,” lead to future waves of infections. There remains an abundance of energy in the virus to burn for some time.

So far, more than 130 million doses of the COVID-19 vaccines have been administered worldwide. The United States, according to Bloomberg’s vaccination tracker, has vaccinated over 40 million people who have received at least one dose, accounting for about 12 percent of the population. For the first time, the number of vaccinations has outpaced the number of infections. However, this should be taken as a cautionary statistical anomaly rather than a determined global response to the virus.

According to the director-general of the World Health Organization, Tedros Adhanom Ghebreyesus, more than 75 percent of all vaccinations administered thus far have occurred in just 10 countries, which account for 60 percent of global GDP. Many of those vaccinated in these countries are at lower risk of severe disease or death.

Meanwhile, almost 130 nations representing more than 30 percent of the world’s population have yet to receive a single injection, underscoring the deep inequity that characterizes global capitalist relations. Dr. Tedros noted during Friday’s press briefing, “All governments have an obligation to protect their own people, but once countries with vaccines have vaccinated their own health workers and older people, the best way to protect the rest of their own population is to share vaccines so other countries can do the same.”

Vaccine nationalism not only threatens to prolong the pandemic and global economic downward spiral. Without a coordinated international effort to suppress the virus, new and even more virulent lineages of the SARS-CoV-2 may evolve. The overwhelming surge of cases a little more than a month ago in Johannesburg, London and Manaus, Brazil, have confirmed the virus’s deadly nature and how political efforts to return to economic normalcy have contributed to this extremely disturbing development.

Speaking to CNN, Dr. Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, cautioned against self-congratulation over the dip in numbers. Given the rising cases of new variants, he compared the present situation in the United States to being in the “eye of the hurricane.”

“I’ve been on Zoom calls for the last two weeks about how we’re going to manage this. The big wall is about to hit us again, and these are the new variants. This could be really very dire for our country as we head into the spring. Now, we’re in a race. We’re in a race to see how quickly we can vaccinate the American people.”

A report from Scripps Research Institute, La Jolla,

California, published this week on a preprint server for health sciences, found that the B.1.1.7 variant first identified in the UK has a doubling time of a little over a week. It has an infectious rate 35 to 45 percent higher than the wild type of the virus.

The report found the variant was first detected in the US in early November and had spread to more than 30 US states by January. Scientists predict that UK variant will account for 50 percent of cases by March 23. Florida, with the most B.1.1.7 variant cases detected in any state, is expected to reach the 50 percent milestone by March 8. The Centers for Disease Control and Prevention has reported that six cases of the South African variant have been detected across three states, while three cases of the Brazilian variant, also known as P.1, have been found across two states.

Over the weekend, South Africa announced it was suspending plans to vaccinate frontline health care workers with the AstraZeneca vaccine. South Africa's Minister of Health, Dr. Zweli Mkhize, explained that a small study conducted among 2,000 volunteers vaccinated with this vaccine found that it offered minimal protection against mild to moderate disease caused by the variant that accounts for 90 percent of COVID-19 infections in the country.

"The AstraZeneca vaccine appeared effective against the original strain, but not against the variant. We have decided to put a temporary hold on the rollout of the vaccine ... more work needs to be done," the minister said.

Evidence is also emerging that the South African variant is both more contagious and virulent. The hope is that the Johnson & Johnson vaccine, still awaiting emergency authorization in the US and which has shown adequate results against this variant, will be rolled out soon.

Oxford University, an AstraZeneca partner, issued a statement to the effect that the "yet to be peer-reviewed study" was too small and involved a low-risk population with an average age of 31, making the preliminary conclusions of the study premature and inconclusive. "Protection against moderate-severe disease, hospitalizations or death could not be assessed in this study," they added.

The race to vaccinate the population against SRAS-CoV-2, while variants of the virus are allowed to continue to spread, does not take into account the

danger posed by these mutations and is a potential recipe for disaster. As these more contagious and virulent lineages of COVID-19 become more dominant, mitigation measures must be implemented immediately and an international strategy initiated to vaccinate the most vulnerable. Scientists' predictions imply that the hurricane alluded to by Dr. Hotez will make landfall and more suffering and avoidable deaths will ensue.



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