# More virulent strains of COVID-19 threaten spring surge

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CDC Director Rochelle Walensky, director of the Centers for Disease Control and Prevention (CDC), speaking to National Public Radio host Ari Shapiro expressed a level of concern about the next few weeks of the pandemic's course that is seldom heard from high-level officials.

"I think," she said, "the next two or three months could go in one of two directions. If things open up, if we're not really cautious, we could end up with a post-spring-break surge the way we saw a post-Christmas surge. We could see much more disease. We could see much more death."

Similar concerns are being raised across Europe, where after six weeks of steady decline over 1 million new cases have been reported this week, representing a 9 percent increase over the previous week. Hans Kluge, chief of the World Health Organization (WHO) Regional Office for Europe, noted on Thursday, "We are seeing a resurgence in Central and Eastern European countries where rates were already high."

The hard-hit Czech Republic's health system continues to face significant strains. Kluge urged nations "to get back to the basics" of public health measures. These upturns in infections stem from the relaxation of restrictions combined with the growing dominance of the more virulent lineage of the coronavirus.

In the United States, according to the CDC variant map, as of March 2 there were 2,506 cases of B.1.1.7 variants detected across 46 states. States where there have been more than 100 confirmed cases include Florida, Michigan, New York, Georgia, Texas and California. The immune-evading strains B.1.351 and P.1 are also on the rise, but not yet to the same level.

Dr. Michael Worobey, a virologist at the University of Arizona, urged more attention in the United States to the P.1 variant. He raised concerns that it could become more common, though it would compete with the B.1.1.7 variant. "At the very least, it's going to be one of the contenders," he told the *New York Times*.

These developments have blunted many scientists' earlier optimism when the efficacious COVID-19 vaccines began being deployed in December. The strains that emerged out of South Africa and Brazil prove more transmissible and dampen the effect of the vaccine and, possibly, evade the natural immunity produced by previous infections.

Dr. Chris Murray, director of the Institute for Health Metrics and Evaluation (IHME), raised concerns that if the variant from South Africa or other lineages with similar mutations continue to spread and become the dominant variants, COVID-19 hospitalizations and deaths next winter could be four times higher than the flu. He told Reuters that in a worst-case scenario that would mean as many as 200,000 COVID deaths. These figures are derived from federal government estimates of annual flu fatalities.

There is a growing hesitancy in how public health officials respond to media questions as to when the country could see a return to normalcy. Dr. Anthony Fauci, President Joe Biden's chief medical adviser, said, "Even after vaccination, I still would want to wear a mask if there was a variant out there. All you need is one little flick of a variant sparking another surge, and there goes your prediction."

In an interview with *Wired*, he commented, "Let's not declare victory yet, right? You don't want the decline that we're seeing to plateau at an unreasonably high level. Right now, the level of daily infections is somewhere between 60,000 and 70,000 a day. That's absolutely too high a level to be acceptable." These levels are comparable to the highs during the summer.

Local public health departments responded with grave concern when the governors of Texas and Mississippi rescinded pandemic restrictions, lifting all mask mandates and allowing businesses to operate at full capacity. Texas Governor Greg Abbott unabashedly tweeted, "OPEN 100 percent. EVERYTHING." Such rapid maneuvers, in the context of multiple circulating strains, have scientists worried about an alarming surge that will again inundate health systems.

Biden admonished the Texas and Mississippi governors for their actions, saying, "The last thing we need is Neanderthal thinking that in the meantime, everything's fine, take off your mask, forget it." In this regard, his demand for the opening of all K-12 schools for in-person classes is sheer hypocrisy. Recent evidence emerging out of Canada and the UK has confirmed the critical role schools and children have played as driving vectors of community transmissions. Additionally, the new variants appear to have the highest prevalence among

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young children. The reopening of schools will intersect with the rise in dominant strains, pouring gasoline over a smoldering fire. The December wave in Manaus, Brazil, demonstrates this reality.

Since the pandemic first hit the region, 18 lineages of the SARS-CoV-2 virus have been identified in the Amazonas. Out of this pool of variants, the P.1 emerged in November and rapidly grew to account for 51 percent of samples sequenced in December. By the first half of January, the P.1 variant accounted for 91 percent of sequenced coronaviruses. Its meteoric rise was matched by the horrific scale of misery and death it left in its wake, with hospitals and intensive care units (ICUs) running out of medicinal oxygen.

Brazil continues to see soaring daily cases of COVID-19 and new record highs in daily deaths. With health systems and ICUs throughout the country under extreme pressure, running on fumes as they near collapse, President Jair Bolsonaro continues to declare there will be "no lockdowns."

The country's national association of health secretaries released a statement saying, "The acceleration of the epidemic in various states is leading to the collapse of their public and private hospital systems, which may soon become the case in every region of Brazil."

A recent study on the Brazil variant conducted by a team from Oxford University, Imperial College London and the University of Sao Paulo found that the P.1 variant was between 1.4 to 2.2 times more transmissible. It also evaded 25 to 61 percent of protective immunity from the previous infection, raising concerns about current vaccines' effectiveness. Most importantly, they sought to understand why, if a significant number of the population had been previously infected in Manaus, did the December surge surpass the April wave in both the number of cases and the intensity of transmission.

In addition to significantly higher transmissibility, even compared to the B.1.1.7 variant, they postulated that the mutations in the P.1 variant helped the virus escape antibodies created by previous infections. According to the *New York T imes*, Dr. Nuna Faria, a virologist at Imperial College, and his team heading the research "estimate that in 100 people who were infected with non-P.1 lineage in Manaus last year, somewhere between 25 and 61 of them could have been reinfected if they were exposed to P.1 in Manaus. … Dr. Faria said 'an increasing body of evidence' suggests that most cases in the second wave were the result of reinfections."

In another recently published report, researchers found that the immune plasma of previously infected COVID-19 patients had a sixfold less neutralizing capacity against the P.1 strain.

Reinfections may not translate into severe disease, as T cell immunity may fend off severity associated with future infections despite waning antibodies. There are, however, difficulties posed in attaining herd immunity through natural infection or vaccination, as previously infected or vaccinated individuals may be prone to repeat infections and become vectors for future community transmissions. The P.1 variant has spread throughout Brazil and 24 other countries, including the United States, where 13 cases have been detected across seven states.

It becomes essential, considering these findings, that all measures be taken to further reduce the virus's transmission to the greatest extent possible. The concept behind a Zero COVID strategy implies that strict mitigation measures are maintained for a definite period and reinforced with social support to the population to drive the daily rate of new cases to near "zero." A stringent lockdown in place for two months could drive COVID cases to essentially undetectable levels, even with the dominance of variants, while at the same time leading to a sixfold decrease in deaths due to COVID-19.

This would allow local and state governments to bolster the public health infrastructure and establish mass vaccination campaigns with support from federal agencies. Additionally, these vaccines' production and distribution must be carried out across broad regions of the globe to ensure a reliable supply of these life-saving treatments is available. Managing the first phase of the pandemic requires preventing death and morbidity to the greatest extent possible while protecting health systems. Ruling elites around the world, subordinating their response to the pandemic to the capitalist market, have proven they are not up to these tasks. The intervention of the working class on the basis of a socialist program is required.

At the WHO's March 1 virtual COVID-19 press conference, Director-General Dr. Tedros Adhanom Ghebreyesus said, "It is regrettable that some countries continue to prioritize younger and healthier adults in their own populations ahead of health workers and older people elsewhere. Countries are not in a race with each other. This is a common race against the virus. We are not asking countries to put their own people at risk. We are asking all countries to be part of a global effort to suppress the virus everywhere … we urge all governments and individuals to remember that vaccines alone will not keep you safe."

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