

Michigan signals the emergence of a B.1.1.7 pandemic in the United States

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Michigan is at the tip of the spear when it comes to the fourth surge of the COVID-19 pandemic. On April 5, 2021, the number of new COVID-19 cases in Michigan reached 11,317, the highest number since November 27, 2020, during the winter surge.

The seven-day moving average stands at 6,431 daily COVID-19 cases, up nearly six-fold from its lows in mid-February. The positivity rate on tests has climbed to 17 percent, meaning that 17 of every 100 COVID-19 tests confirm a new infection, up from a low of 3.1 percent more than a month ago.

Based on genetic testing, health officials estimated that 70 percent of new Michigan cases are caused by the B.1.1.7 variant, also known as the UK variant, which devastated southeast England last December and has since crossed the Atlantic and become the dominant variant in Florida and much of the Northeast and Midwest. In every state where estimates place the B.1.1.7 variant as dominant strain, cases are rising.

The surge is so evidently dangerous that even the waffling director of the Centers for Disease Control and Prevention, Rochelle Walensky, has suggested that Michigan should adopt stronger restrictions to stem the tide of new infections. During Wednesday's briefing, she said, "I would advocate for sort of a stronger mitigation strategies, as you know, to sort of decrease the community activity, ensure mask-wearing, and we're working closely with the state to try and work towards that."

With hospitalization in the state rapidly climbing in concert with the rise in cases, far more urgent measures are required. Walensky's statement, a mere suggestion, runs counter to the demands of the public health emergency driven by the new B.1.1.7 variant. What is happening in Michigan amounts to a new pandemic in the US, with a more transmissible and lethal strain of

the coronavirus.

The state's hospitalizations have jumped 360 percent since February 28, with several regions' ICU capacities having reached their limit. According to the Michigan Department of Health and Human Services (MDHHS), the age group with the highest growth rate in hospitalization has been those 50 to 59 years of age, with a 653 percent increase.

Those between 40 to 49 years of age have seen a 503 percent increase. Though the actual numbers are small, those between the age of 18 and 29 have seen a 400 percent increase. Only pediatric cases and those 70 years or older have had relatively small rises in hospital admissions. In the case of the elderly, this has been attributed to the vaccination campaign.

The first B.1.1.7 variant in Michigan was detected on January 16, 2021. By February 28, the number of cases found in genetic tests—a small sample of the total—had reached 336. This figure rose to 1,237 on April 1 and jumped to 1,998 by April 7, accounting for 70 percent of all cases subjected to genetic testing.

These trends are a byproduct of schools reopening and the lifting of every meaningful restriction in the state. State data showed that for the week of March 22, there had been 65 school-related outbreaks, counting both K-12 and colleges. A week later, there were another 70 and then, on April 5, an additional 84 school-related outbreaks. However, state officials have blamed the rising COVID-19 numbers on school sporting activities, and spring break travels rather than acknowledging that school reopening and lifting restrictions have been the main contributors. Governor Gretchen Whitmer continues to endorse the position that restrictions are no longer the answer and vaccination by itself is the solution.

In a virtual press brief yesterday (revealingly, state

officials and journalists will be safer than school children and teachers forced back to classrooms), Governor Whitmer attempted to place a positive spin on the horrific numbers. She claimed that the numbers were going up so quickly now because many people in the state had not previously been infected, due to the state's allegedly strong mitigation efforts earlier.

Whitmer claimed that states like Florida, which had high infection rates earlier, were as a result not seeing an explosion in cases now. This rigmarole is exploded by the fact that Florida cases have risen by 23 percent since March 20, and its cases per million are even higher than Michigan's, although its death rate is lower. The truth is that no US state, whether Republican-run Florida or Democratic-run Michigan, has a record of public health success. All have subordinated the health of their population to the profit interests of the corporations.

Dr. Walensky added at Wednesday's brief, "Based on our most recent estimates from CDC surveillance, the B.1.1.7 variant is now the most common lineage circulating in the United States." Both case numbers and now hospitalizations have been trending upwards, despite the current vaccination efforts underway.

As of the latest figures, the recent seven-day average for hospitals' admissions is around 5,000 per day, an increase of 2.7 percent from last week. Adults under 50 have seen the sharpest increase in hospitalizations.

Just across the border from Michigan, in Canada, the province of Ontario has seen a 64 percent increase in coronavirus variants cases. Approximately 90 percent involve the B.1.1.7 variant. Canada's chief public health officer, Dr. Theresa Tam, noted that there had been a stream of younger patients being admitted into the ICUs. Those under the age of 60 now make up half of the patients admitted to the intensive care units for COVID-19. Dr. Kashif Pirzada, an emergency physician in Toronto, speaking with CNN, said, "it's getting pretty alarming here. It's spreading quickly, and it's much faster than the last two waves. The people filling the ICU right now are all in their 30s, 40s, and 50s."

Epidemiologists have estimated that possibly 70 to 90 percent of the population will need to be vaccinated or survive a previous infection to achieve genuine herd immunity. However, all these estimates are guesses. Marc Lipsitch, an epidemiologist at Harvard's T.H.

Chan School of Public Health, told the *New York Times*, "You tell me what numbers to put into my equations, and I'll give you the answer. But you can't tell me the numbers, because nobody knows them."

Additionally, the growth of variants like P.1 and B.1.351 will add complexity to this question as their numbers begin to grow.



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