

# Australia's second-largest state on a knife-edge amid outbreak of Indian COVID variant

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29 May 2021

Victoria, the second-most populous state in Australia, has entered the second day of a week-long snap lockdown prompted by a rapidly-spreading outbreak of a highly-infectious variant of the coronavirus that originated in India.

State authorities announced a further five infections this morning, following four yesterday. Epidemiologists have warned that the extent of the outbreak will likely not be known for days or even a week, given incubation periods and the possibility of undetected cases.

While the total number of infections remains relatively low, at 35, the growth in case numbers is faster than any outbreak in Australia over the past six months. The first two cases were only discovered last Monday, a figure that had increased to 27 in the space of three days, when the Victorian Labor government declared the lockdown on Thursday morning.

The scale of the danger is magnified by the context of the outbreak. It has occurred after the lifting of virtually all safety restrictions, before a substantial segment of the population has been vaccinated, and as more virulent strains of the virus, including Indian variants, have resulted in a resurgence of the pandemic throughout the Asia-Pacific region.

More than 15,000 people have been identified as potential contacts of individuals who were infectious. They are scattered throughout Melbourne, a city of more than five million people, across regional and rural Victoria and in other states, as a result of the overturning of border restrictions.

The official list of exposure sites, visited by people while they were infectious, has topped 150. Late last night, the authorities added 20 new “high-risk” venues. Indicating that the virus may have circulated widely, one of the individuals who tested positive on Thursday had visited food stores across seven Melbourne suburbs over the previous ten days, while potentially infectious.

Many venues on the list are in sectors known throughout the pandemic to be possible mass infection points. They include bars, restaurants and nightclubs. Over the past six

months, state and federal governments, Labor and Liberal alike, have progressively removed virtually all caps on patron numbers and restrictions on high-risk activities such as dancing.

The Victorian Labor government has repeatedly bragged that it has overseen some of the largest sporting events anywhere in the world during the pandemic. Both Melbourne's main football stadiums, the MCG and Marvel, are among the exposure sites, after people with the virus attended matches, alongside tens of thousands of others.

The Labor government has repeatedly touted its contact-tracing efforts as “world class,” and responded angrily to any criticism. During the country's worst outbreak, in July–August last year, contact-tracing fell apart. The origins of thousands of infections could not be identified in a timely manner. Afterward, it was revealed that over preceding years, the state's team responsible for tracking communicable diseases had been reduced to 14 staff, only six of whom were physicians.

The extent to which those numbers have been augmented remains opaque. In the initial stages of the pandemic, the contract-tracing team was boosted by an influx of unqualified sales workers.

On Thursday, Victorian authorities issued an “urgent callout” for university students completing health-related degrees to join contact-tracing efforts. “We will pay you and can offer a regular shift after we get out of crisis mode if interested,” the call stated.

Victoria also lacks a uniform QR check-in system to register people's visits to businesses and public venues. Instead, the task has been outsourced to a patchwork of 16 third-party apps. As has happened previously, 160 soldiers have been deployed at the request of the Victorian government, to assist and enforce home isolation orders.

That is only one example of the overarching response of Labor and Liberal governments throughout the pandemic. They have spent as little as possible on essential public health measures, outsourced essential services to private companies and sought to create the best conditions for

corporate profit-making activities, regardless of the potential medical consequences.

This is most glaringly expressed in the quarantine system, the source of the current outbreak. Except for one facility in the Northern Territory, with a capacity of just 2,000, international arrivals are still being sent to private hotels, where they must isolate for two weeks at their own expense.

Leaks from the hotels have been the source of every outbreak over the past six months. According to some estimates, as many as 21,000 of the country's infections since the pandemic began can be traced back to quarantine failures.

Genomic sequencing has confirmed that the current outbreak began when a man tested positive in Victoria on May 11. He had returned to the state after isolating in a South Australian quarantine hotel.

South Australian authorities have confirmed he was likely infected inside the hotel, when he and a man in an adjacent room opened their doors at the same time to collect meals. Indicating the virulence of the virus, the exposure time frame was just 18 seconds. The other man, it has since been revealed, had earlier been staying in the same room as a friend who tested positive. Despite the close contact, he was not removed to a high-priority facility.

The federal Liberal-National government, which has overseen the hotel quarantines and rejected all criticism of them, has over the past day indicated vague agreement on the need to establish a second purpose-built facility. It has stated, however, that this will not take place before Christmas.

The government is also under widespread fire over its shambolic vaccine rollout, which is among the slowest of any advanced capitalist country. Only 2.5 percent of the adult population has been fully inoculated. Just over 4 million of the 40 million doses required to vaccinate the population have been administered. At the current pace, this would not be completed until the end of August 2022.

The majority of residents in disability care have not received a single shot, despite being in the top priority cohort. Almost 30 Melbourne aged-care facilities had not received a single dose when the current outbreak began, even though they were the epicentre of deaths in the July–August outbreak.

The federal government was still finalising its procurement late last year, when other countries had begun their vaccination campaigns. It settled on a rollout centred on AstraZeneca, the cheapest product available, which health authorities then advised should not be given to those under 50 because of the risk posed by a rare clotting disorder.

The vaccine supply shortages have been compounded by the gutting of public health infrastructure. Much of the

rollout is being conducted by general practitioners. Mass vaccination hubs have only recently opened in several states.

This shambles is one expression of a broader health crisis. In comments to the *Guardian* yesterday, Australasian College for Emergency Medicine Victoria faculty chair Dr Mya Cubitt warned: “We are in the worst crisis that healthcare has faced in many years.”

Cubitt said Victorian hospitals were already overwhelmed before the latest COVID infections. Staff shortages and a lack of beds resulted in “overcrowded waiting rooms where 100 people haven’t been able to get through the front doors of the hospital and then tens of people in emergency departments haven’t been able to be admitted.”

Sick rates among overworked doctors and nurses were at record highs, Cubitt said. Many staff were still grappling with the effects of having been infected during the July–August surge, when thousands of health workers were infected, accounting for around 10 percent of total infections.

The current outbreak began a week after the Australian Medical Association’s federal council issued a communiqué, warning that Australia was unprepared for a coronavirus resurgence. It said, “[H]otels were never designed or constructed with this purpose in mind and the escape of COVID-19 into the community remains an ever-present risk. This risk is amplified by the significant easing of restrictions seen across the country, creating an ideal environment for the rapid spread of the virus when leaks occur.

“The health system, particularly our public hospitals, is operating beyond capacity and appears ill-equipped to deal with any surge in demand resulting from any community spread of COVID-19.”

Appeals for an urgent development of purpose-built quarantines and a major boost to health resources have fallen on deaf ears. Instead, state and federal governments have funneled more than \$400 billion to the corporate and financial elite through tax breaks and handouts.

The lockdown measures now mean that tens of thousands of casual workers throughout Victoria, in sectors such as hospitality, have been thrown out of work overnight. The federal government abolished the JobKeeper wage subsidy at the end of March, and the Victorian government has yet to outline any concrete assistance.



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