

COVID outbreak in Sydney as Australia hit by vaccine supply shortage

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A coronavirus outbreak in Sydney, Australia's most populous city, is expanding rapidly with infections almost doubling today from eleven to twenty-one. The first cases were detected less than a week ago, last Wednesday.

The outbreak is the second time in less than a month that one of the country's largest cities has registered cases of the highly infectious Delta variant of the virus that originated in India. Delta, which is up to twice as contagious as the original iteration of COVID, has laid waste to India, creating an unprecedented humanitarian crisis, and is responsible for a surge of the pandemic internationally, including in Britain.

Late in May the Victorian state Labor government imposed a lockdown amid an outbreak of Kappa, another variant from India, and then Delta, centred in the city of Melbourne. Health authorities there warned that the virus was circulating at a faster rate than at any previous stage in Australia, with hundreds of exposure sites being identified and infections occurring through fleeting public contact.

As was the case in Melbourne, infection numbers remain low in Sydney, compared with the massive daily tolls still being recorded in many parts of the world. The outbreak, however, has the potential to grow exponentially, both as a result of the infectiousness of the strain involved, and the fact that virtually all safety restrictions, including on mass gatherings, were lifted long ago.

The Sydney cluster, moreover, has once again highlighted the inability of state and federal governments to devise controls to prevent the virus from "leaking" into the community. It occurs amid the continuing shambles of the country's vaccine rollout, one of the slowest among advanced capitalist countries, and warnings of a significant shortage of inoculation supplies.

The first infections have been traced to a limousine driver, employed to drive international flight crews from Sydney airport to hotels where they must self-isolate. The worker was reportedly not vaccinated and may not have been provided with adequate personal protective equipment.

New South Wales (NSW) health authorities have publicly claimed that the only salivary test result they have for him, is

the one in which he returned a positive sample. Under health guidelines, employees in the quarantine system are supposed to undergo the examination each day.

As has been the case in previous outbreaks, there has immediately been an attempt to scapegoat the driver. If he was not getting tested, however, it indicates systemic failings. Sydney's last major outbreak, in December, was also linked to a driver who transported people from the airport.

The pandemic has again highlighted the irrationality of Sydney's airport being located in a densely populated and central area of the city. This has been compounded by the decision of state and federal governments to continue quarantining international arrivals at inner-city private hotels, despite their lack of controls to prevent airborne transmission, and the fact that if there is a "leak," chances are that it will spread rapidly.

The quarantine system, including transport to and from the airport, also continues to involve an opaque network of companies, provided with lucrative contracts from the state governments.

The Sydney cluster, like the Melbourne outbreak, has already seen instances of fleeting transmission. One woman apparently contracted the virus after walking past an infected individual in a shopping centre, another tested positive after being in a cafe for a short period of time when the infected person was also present.

While the outbreak was initially centred in the city's eastern suburbs, dozens of exposure sites have since been listed in suburbs across Sydney. They include busy public transport routes, large shopping centres, cafes and retail outlets in the city centre, the western suburbs and the inner west.

Despite the doubling of case numbers today, and the infectious nature of the variant involved, the NSW state Liberal government has rejected calls for the reintroduction of stringent safety measures. Instead, it has imposed a mask-mandate, requiring public transport commuters and retail shoppers to wear a face covering indoors. Premier Gladys

Berejiklian today announced an extension of those policies by a week but downplayed the substantial growth of infections by claiming that only one case was not linked to known positives.

Throughout the pandemic, Berejiklian, together with the federal Liberal-National government, has led the charge against lockdown measures. In January, for instance, she declared that any attempts to eliminate community transmission of the virus were “not realistic,” for a “trading nation,” and insisted that it was necessary for ordinary people to “live with the virus.”

Because of her leading role in the subordination of public health to the profit interests of big business, the corporate press has been muted over the quarantine failures that have led to the current outbreak.

During the recent Melbourne outbreak and previous surges in Victoria, the same outlets have clamoured against that state’s Labor government. The disparity demonstrates that the corporate hacks are indifferent to public health. Instead they are hostile to the willingness of some state governments, under substantial public pressure, to adopt limited lockdown measures which could have an impact on business activities.

Health experts, however, have warned of the dangers. NSW Australian Medical Association President Danielle McMullen told Channel Nine’s “Today” show this morning: “I don’t think the vibe has changed in Sydney enough to reflect the serious outbreak situation that we’re in. I do think that people need to be more concerned than they seem to be at the moment.”

The threat is heightened by the glacial pace of the vaccine rollout. Across the country, just 6.6 million of the 45 million doses required to inoculate the adult population have so far been administered. Only around three percent of the population has received their two required doses.

The rollout has encountered new problems, with health authorities last week recommending that AstraZeneca only be provided to those over the age of 60, up from 50, due to the possible dangers of a rare blood clotting complication.

This means that most of the population must be inoculated with an alternative vaccine. But state governments and health experts have warned over recent days of a major shortage of the Pfizer vaccine. Australian Medical Association Vice-President Chris Moy told the *New Daily*, “There isn’t any Pfizer. Those who are eligible and haven’t had their shots yet are going to have some delays obtaining them.”

Federal authorities have simultaneously sought to downplay the shortages, while admitting that they may result in a further slowing of the vaccination campaign between now and August. As in the past, they have made hazy

assertions that millions more doses of Pfizer will be forthcoming from abroad.

The crisis is a direct result of the federal government’s procurement program. In December, when other countries had already initiated their vaccination campaigns, Australia was still finalising its negotiations with pharmaceutical companies. The government rejected expert calls for a diversified strategy, instead settling on a rollout based around AstraZeneca, the cheapest option.

The federal government called a meeting of the national cabinet, composed of its top ministers and the state and federal governments, yesterday. The transparent purpose was to dampen down conflicts between the state and federal authorities over supply, and to engage in public relations defence of the failed rollout.

Army Lieutenant General John Frewen, who has been placed in charge of the rollout, announced that there would be a “review” of its progress. He admitted that the government had not yet launched an advertising campaign aimed at ensuring maximum vaccination, because there was not enough supply to meet the demand that this would generate.

The elevation of Frewen is one expression of an ongoing promotion of the military in civilian affairs that has deepened during the pandemic. Frewen has no public health expertise or record. Instead, he has played a prominent role in Australia’s neo-colonial interventions in the Solomon Islands, Afghanistan and elsewhere. He is currently principal deputy director-general of the Australian Signals Directorate, the country’s main electronic spying organisation.

No serious attempt has been made to explain why such an individual is playing a central role in the government’s public health policymaking.



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