

Delta variant behind sharp spike in Pacific COVID-19 cases

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The World Health Organisation (WHO) issued a statement on August 26 stressing the importance of “continued vigilance,” as the Delta COVID-19 variant continues to have “dramatic impacts” in parts of the Pacific and Asia.

WHO regional director for the Western Pacific, Takeshi Kasai, said it was up to everyone to “stay the course.” By continuing to make the best decisions “based on our experience, shared learning and reliable data,” he emphasised, it is “within our power to reduce the threat of the virus.”

The WHO noted that 10 Pacific states have not had any cases of COVID-19 to date. They are some of the most remote: American Samoa, Niue, the Cook Islands, Pitcairn Island, Kiribati, Tokelau, the Federated States of Micronesia, Tonga, Nauru and Tuvalu. Another five have had no cases in the past 100 days: Wallis and Futuna; Solomon Islands, Vanuatu, Samoa, and the Marshall Islands.

However, three Pacific countries where the Delta variant has gained a foothold—Fiji, French Polynesia and Papua New Guinea—have all experienced a sharp spike in cases and deaths as the virus spreads out of control.

In Fiji, infections recently spread beyond the capital Suva and the main island Viti Levu, to more remote villages and towns, including the west-coast holiday island of Malolo, which has 29 active cases. There has also been one death reported on Naviti Island in the Yasawa group. Health Secretary James Fong said new cases, revealed last week, showed the virus had reached “all the major divisions of the country.”

There were 184 new cases reported on August 30, including 10 deaths from August 26-30, taking the toll to 489. Of the latest cases, 133 were reported from the Western Division, 40 from the Central Division and 11

from Kadavu in the East. The Northern town of Labasa also has three cases.

Fiji now has 19,463 active cases, with 46,141 recorded since the outbreak began in April. Recent deaths include 10 young people, with the latest victims a six-month-old boy and an 11-year-old girl, reported last weekend. Official numbers however fail to show the true extent of cases, as the Health Ministry has admitted its reporting systems are overloaded. In many areas, no testing is taking place.

Former health minister Neil Sharma told Radio NZ the virus has been “moving faster” than the provision of vaccines. The outer-islands of Rotuma, Yasawa and Lakeba only received their first vaccines on July 27. Fiji’s second island, Vanua Levu, now has restricted movement in place for 14 days. Sharma said the island’s population of 200,000 will be badly impacted, as it had “very limited” health facilities, with only two small hospitals and a predominantly ageing population.

Responsibility for the disastrous spread of the virus rests directly with the government of Prime Minister Frank Bainimarama. Since the beginning of the outbreak in April, Bainimarama has bluntly resisted calls for a national lockdown, saying it would “destroy” the economy.

New Zealand epidemiologist Michael Baker told Radio NZ, as early as June 16, that the situation in Fiji was “extremely worrying” and an urgent national lockdown had to be “seriously considered.” It would be “devastating,” he predicted, if the virus were to spread from Viti Levu, due to the paucity of healthcare in the outer areas. Baker urged the Fiji government to act “very decisively” to return to an “elimination position.” Such warnings have been ignored.

In line with the drive by governments internationally to begin “living with” the virus, the country’s chief

medical advisor Jemesa Tudravu said on the weekend the virus would become an endemic disease “similar to the flu virus.” “We are not going back to a COVID-contained or COVID-free country,” he declared.

Bainimarama has announced an easing of restrictions beginning this week. In his first national address on the pandemic in several weeks, Bainimarama claimed: “As more of Fiji becomes fully vaccinated, we will forge a powerful shield of protection against severe disease and death from COVID-19, and much of what we miss most about our lives can be restored.”

Bainimarama said curfew would start an hour later, at 8pm, once the fully vaccinated target population is 50 percent, at 9pm when it reaches 60 percent, 10pm at the 70 percent threshold, and back to 11pm once 80 percent is reached. Containment area borders on Viti Levu will be lifted, once a 60 percent target is reached.

So far, 95 percent of the target population of 587,651 has received the first dose of vaccine, while 45 percent are fully vaccinated. The “target” population, which prioritises front line workers, police, health care workers, hospitality workers and the elderly, is well short of the country’s total population of 890,000.

The dire consequences of “opening up” have been exposed in French Polynesia, which opened its borders in July 2020 for quarantine-free travel, to boost tourism. President Edouard Fritch acknowledged at the time the “probability” that there would be more COVID-19 cases, but declared that if French Polynesia didn’t reopen, the economic consequences would be “catastrophic.”

The Delta variant has now quickly spread to 45 islands, including Tahiti. Daily new case numbers have hit more than 1,000, reaching a total of over 40,000. The pandemic has claimed 385 lives, with 412 COVID-19 patients in hospital, and 55 in intensive care. With hospitals at capacity, there are calls for field hospitals to be set up. The main hospital in Papeete has appealed for additional medical personnel to be brought in from France.

Meanwhile less than half of the population of about 280,000 has had their first vaccination. The government recently published a detailed list of which people must be inoculated within two months. They include medical staff, people in contact with the public, such as teachers, and those deemed to be vulnerable. Anyone refusing to comply faces a fine of \$US1,700 and

possible suspension from work.

Most of the territory has now entered a two-week lockdown. The French government in Paris said it would get the National Assembly to extend the state of health emergency in French Polynesia, until the middle of November.

In Papua New Guinea (PNG), the Pacific’s largest country, with a population of nearly nine million, already meagre testing for COVID-19 has recently been scaled back, as the confirmed case numbers and deaths approach 18,000 and 200 respectively. Six staff at PNG’s national pandemic control centre, all of whom were unvaccinated, last week tested positive for the virus.

Some authorities are downplaying the threat from the virus. Chief of Medical Emergency Services Sam Yockapua, claimed the rate of transmission and hospital admission had gone down significantly in recent months, and there was a risk of “focussing too much” on COVID-19. He said PNG had not been able to enforce lockdowns like New Zealand or Australia, and had to “live with” the disease.

Glen Mola, head of obstetrics and gynaecology at Port Moresby General Hospital, however, told Radio NZ that authorities had little handle on how many people have COVID-19. The town of Goroka had done around 2,800 COVID tests since January. “Only 2,800 tests in the whole of the five million people in the Highlands, and 468 of them were positive; that’s about 18 percent. But we have no idea who that 18 percent are,” he said.

According to WHO figures, PNG has administered 143,192 doses of vaccines so far. Assuming every person needs 2 doses, that is enough to have vaccinated only about 0.6 percent of the country’s population.



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