

WHO reports fifth “variant of interest” as COVID pandemic worsens

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This week the World Health Organization (WHO) announced the presence of a fifth variant of interest called “Mu,” designated by the alpha-numeric code B.1.621, with several characteristic mutations that make it more resistant to vaccines.

It was first identified in Colombia in January 2021. Though the global prevalence of the Mu variant globally remains low, it accounts for 39 percent of all strains sequenced from Colombia and 13 percent from Ecuador, and its frequency has consistently been rising.

The designation “variant of interest” means that the new version of the virus has genetic markers suggesting a potentially increased capability to infect or increased resistance to vaccines, but it has not yet risen to the level of “variant of concern,” which actually demonstrates increased transmissibility, lethality or resistance in the field.

Additionally, scientists in South Africa announced that they have detected a new variant designated as C.1.2, first discovered during the country’s third wave in May. Though the strain has not been designated a variant of interest by the WHO, it has spread across Africa, Asia, Europe and the Pacific into nine countries, including China and New Zealand.

The C.1.2 appears to harbor a significant number of mutations with an unusually high mutation rate, which makes it important to track. *Newsweek* wrote, “It was found to contain many mutations that were found in all variants of concern (VOCs) and three variants of interest (VOIs), as well as additional changes within the NTD (C136F) RBD (Y449H), and adjacent to the furin cleavage site (N679K).

The pre-print study noted, “Like several other VOCs, C.1.2 has accumulated a number of substitutions beyond what would be expected from the background SARS-CoV-2 evolutionary rate. This suggests the

likelihood that these mutations arose during a period of accelerated evolution in a single individual with prolonged viral infection through virus-host co-evolution.”

Currently, there have been more than 220 million COVID-19 infections reported and 4.56 million deaths attributed to complications from the infections. The moving average in cases has peaked at close to 660,000 cases per day, while the average in deaths is skirting 10,000 each day. Regionally, the Americas and Europe have seen cases reach previous highs. These developments are being compounded by both the return to school and the reopening of all nonessential businesses and travel.

The United States continues to remain the epicenter of the pandemic during the Delta phase of the pandemic. It has now surpassed 40 million reported cases and 663,000 deaths. The moving average has reached 164,000 new cases per day, having climbed 14 percent from two weeks ago. The average daily death toll has jumped to more than 1,500 per day, a 67 percent rise in the same period.

US hospitalizations continue to climb, with close to 102,000 having been admitted for treatment. Approximately a quarter of these are in intensive care units.

The push to get children back to schools will only produce more devastating results as the majority of them remain unvaccinated. The American Academy of Pediatrics noted that for the week ending August 26, 2021, children accounted for 22.4 percent of reported weekly COVID-19 cases, meaning nearly one in four cases are among this layer of the population.

Since July 22, 2021, when the number of pediatric cases was at 38,000 for the week, that figure has risen to 204,000, just shy of the winter peaks. And all

schools have yet to open.

However, rather than acknowledging the failed and bankrupt proposition that children must return to in-class instructions, CDC Director Rochelle Walensky put her usual spin on the matter, saying at a press briefing, “Cases, emergency room visits and hospitalizations are much lower among children and communities with higher vaccination rates. Vaccination work!”

The Institute for Health Metrics and Evaluations (IHME) modeling projection, which estimates total reported deaths by December 1, 2021, has been revised upwards. The IHME now expects that more than three-quarter million Americans will have died by then, a social crime for which the capitalist ruling class and its two parties are primarily responsible.

A Johns Hopkins webinar yesterday highlighted South Carolina, Tennessee and Florida as reporting more COVID cases per capita than any other state or any single country across the globe. This demonstrates the lethal role—in a literal sense—of the ultra-right campaign against vaccination, masking, social distancing and all other public health efforts, spearheaded by Republican politicians like Florida Governor Ron DeSantis.

The policies of Democratic governors and the Biden administration are merely a slower route to the same destination, since reopening schools, social venues and workplaces, with or without masking, means facilitating the spread of coronavirus with all its horrific consequences.

At the Johns Hopkins webinar, one of the experts on the panel, Dr. Bill Moss, the executive director at the International Vaccine Access Center at the Bloomberg School of Public Health, pointed out that allowing hospitals throughout much of the country where the pandemic has accelerated to be inundated by patients was a serious mistake.

Dr. Moss went on to say, “I think one of the most egregious failures of our society, one of our gravest sins as we look back at this particularly during this wave, will be allowing hospitals to be overwhelmed. We have overwhelmed the hospital staff; we are seeing shortages in nurses and respiratory therapists and other hospital personnel. We’ve seen limited bed capacity in hospitals, particularly in intensive care units in a number of counties and states. We are seeing shortages

of oxygen. And we should just not be in this place where our health system is overwhelmed now that we ... have three safe and effective vaccines. That was more understandable in the winter surge when vaccines were just being rolled out. ... But this is impacting on people who don’t have COVID and need health care services.”

He also went on to indirectly fault the Biden administration’s early messaging on the vaccines giving “false hope that vaccines were going to prevent infections,” calling for public health measures to prevent infection. Vaccines have always been intended for the prevention of severe disease and not infections.

At the present rate of infections, the world will reach 300 million reported cases of COVID-19 by January 2022, the beginning of the third year of the COVID pandemic. With 5.4 billion doses of vaccines administered thus far, the world will have reached 8 billion, or about one dose for every person on the planet, before the year’s end. But the inequity in the distribution continues to disadvantage the poorest nations.

This inequity could be further exacerbated if it becomes necessary to administer booster vaccines on a mass basis in the countries where most of the population has already been inoculated, particularly in Europe and America, because of declining effectiveness of the vaccines and increased ability of the Delta variant to evade immunity.

It is also conceivable that if newer strains create conditions that the vaccines are deemed insufficiently ineffective, the leading pharmaceuticals will have to return to the drawing board and manufacture the next generation of vaccines against the latest variants, with the chilling possibility that the global vaccination would have to start all over again.



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