

Australia: Victorian outbreak the worst in the state since pandemic began

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An outbreak of the highly-infectious Delta variant in Victoria has surpassed the state's daily infection records, with cases today rising above 800 amid indications that the virus is spreading out of control.

With New South Wales (NSW) continuing to register more than 1,000 infections per day, the healthcare systems in the country's two most populous states are threatened with collapse. Official modelling from the Victorian and NSW governments predicts that the hospitals are likely to be overwhelmed in coming weeks, as admissions and intensive care unit (ICU) cases exceed capacity.

Today's tally of 847 infections in Victoria is far above the peak of a "second wave" that struck the state from June to August last year. The highest daily total registered in that surge was 725.

The divergent responses to the two outbreaks, last year and this, underscore the extent to which the ruling elite and all its political representatives have openly embraced the homicidal theories of "herd immunity." Labor and Liberal-National governments, at the state and federal levels, insist that the population must "live with the virus" for the indefinite future, as the necessary "cost" of shoring up corporate profit-making activities.

In August 2020, the Victorian Labor government instituted a relatively stringent "stage four" lockdown, including some workplace closures, as infections rose above 700. The belated measures were a response to widespread anger among health staff and other sections of the working class over the previous failures of the government to introduce necessary safety measures, as well as fears of a hospital system crash.

A year on, the new record level of infections has been met with plans for the lifting of inadequate lockdown measures currently in place, and a "reopening" of the

economy dictated by big business.

Last Sunday, Victorian Premier Daniel Andrews unveiled a "roadmap" to terminate the current lockdown next month, based on an arbitrary measure of 70 percent adult vaccination, and lift most safety restrictions once that figure reaches 80 percent. Modelling commissioned by the government indicates that this will result in soaring infection rates, a 63 percent probability of hospital capacity being exceeded and more than 2,000 deaths by the end of the year.

Andrews insisted that while these figures were "sobering," they would have to be accepted by the population. "We have to normalise this; we have to pass through this pandemic. We cannot have a perpetual suppression of this virus. There will be pain, it will be challenging," Andrews said.

In line with Andrews' repudiation of any attempt to eliminate transmission in the current outbreak, the existing restrictions are allowing the spread of the virus.

Most factories and industrial workplaces have remained open throughout a partial lockdown. This has led to infections being centred in the working-class suburbs of northern, western and southeastern Melbourne, which frequently account for 90 percent or more of daily cases. Construction sites remained open until last week, when the government hurriedly shut them after mass infections in the sector were confirmed. A single site in Box Hill has been linked to more than 130 cases, while the industry has accounted for up to 13 percent of all infections.

The reproduction rate of the virus is up to 1.33, indicating that on average, each person is transmitting the disease to more than one other individual. This signifies that infection numbers will continue to grow.

Experts have warned that the real rate of infections is

likely far higher. Testing rates in the state have been abysmally low. Even with an increase over the past week, the 7-day average of daily tests only stands at 57,106.

In comments to the *Financial Review*, Australian National University infectious diseases expert Peter Collignon estimated that Victoria would identify around 10 to 20 percent more cases per day if testing numbers were doubled. “What worries me is that if you look at testing in Victoria, its population is similar to NSW but [testing] is at least half, if not one-third, of what it’s been in NSW,” he said. “The implication of that is that you’re missing more cases.”

Even before the substantial case numbers of recent days translate into serious illness, Victoria’s hospitals are under intense pressure. As in all states, chronic underfunding means that health facilities operate at or near capacity levels, even outside of COVID surges. There are currently 321 people in hospital with COVID-19, 65 in ICU and 45 on ventilators.

With a population of almost seven million, Victoria has just 403 staffed and open ICU beds, so COVID patients already account for almost 17 percent of capacity. Burnet Institute modelling, underpinning the government’s reopening plan, predicts that in December there will be between 462 and 953 COVID patients requiring ICU treatment, far above existing capacity.

This week, Andrews walked back months-long claims that his government could establish an additional 4,000 ICU beds, a spurious claim that was used to justify the reopening plan. Hospitals will need to scramble to establish makeshift ICU wards. Medical professionals have told the *Age* that the state could treat a maximum of 700 COVID ICU patients, and this would have a flow-on effect on other hospital services.

The same situation exists in NSW, where the state Liberal-National government is pressing ahead with its own “roadmap” to end inadequate lockdown measures. Government ministers have said the 70 percent vaccination threshold will likely be reached early next month, with the termination of the lockdown scheduled for October 11. While daily infection growth has slowed over the past fortnight, cases still sit at over one thousand and the government has declared that its lifting of restrictions will result in a dramatic increase.

Health workers in the state are continuing to speak

out and refute government assertions that the hospital system is “coping.” One told the *Guardian* this week: “Wards are needing to be opened to admit COVID-19 positive or close contact patients and there are inadequate staff to care for them.”

The worker continued: “We are completely overwhelmed. To be honest, we were overwhelmed before this current wave of the pandemic hit. Staff are past breaking point... The pressure has never been so intense. Patient care is being rushed/hurried/compromised to meet targets or to avoid us ending up in the media again.”

Another health worker explained that rising hospitalisations had already resulted in a major crisis. “Other wards are being forgotten. Acute wards are not being staffed, our nursing colleagues are being deployed to the COVID-19 wards and the staff to patient ratios are breaking down.”

The NSW government has predicted that hospitals will enter into a “code black” in late October, signifying that demand is greater than system-wide capacity. This would activate triage protocols. Some critically-ill patients could be denied treatment or have their care withdrawn, because of insufficient resources. Independent modelling, conducted by the OzSAGE group of epidemiologists, predicts that the “code black” could last for five weeks over the Christmas and New Year period.



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