

Australian epidemiologists warn of possible fourth wave as reopening allows Delta to spread

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25 November 2021

Several prominent epidemiologists have warned that Australia could face a deadly surge of the COVID-19 pandemic, similar to that underway throughout much of Europe and in other Indo-Pacific countries where governments have overturned previous safety measures.

The critical comments and studies come as Australian governments, Labor and Liberal-National, state and federal, continue their race to dispense with basic mitigation measures as they try to force the population to “live with the virus.”

As part of this profit-driven campaign, medical experts and even state public health officers who have generally refrained from openly criticising the “reopening,” have been sidelined. Figures such as New South Wales (NSW) Chief Health Officer Dr Kerry Chant, who was featured in the media every day only two months ago, are rarely seen or heard from.

It is now more common for corporate outlets and the state-funded Australian Broadcasting Corporation to solicit comments on the pandemic from business lobbyists than from epidemiologists. As the Delta variant continues to circulate widely, the mantra is that the worst of the pandemic is over and ordinary people should focus on enjoying, and above all spending money, during the summer holiday season.

In a rare exception, University of NSW Professor Raina MacIntyre told Nine Media on Thursday: “We shouldn’t think that we’re exceptional. We need to look at the lessons from overseas and we can avoid that.”

While governments continue to tout relatively high adult vaccination rates as justification for the reopening, especially in NSW and Victoria, MacIntyre noted: “The immunity from two doses of vaccine, whether it’s from AstraZeneca or Pfizer, starts to wane after a few months.”

She warned that policies that would mitigate against a

surge are either being wound back, as in the case of indoor mask-wearing, or have hardly begun, as with the roll-out of a third booster shot which only became available a couple of weeks ago. MacIntyre said: “We need to start thinking of ourselves as fully vaccinated if we’ve had three doses.”

Modelling for NSW by OzSAGE, a group of epidemiologists and medical experts, has also cut across the official promotion of complacency. The organisation examined a series of scenarios in the country’s largest state, with variations for the extent of contact-tracing and child vaccination, with the lifting of all safety restrictions, which is to be completed mid-next month.

The modelling begins with an input of seven confirmed infections in NSW on June 20 and one latent case. All its variants indicate a steep rise on the roughly 75,000 infections recorded since then.

In the first scenario, for instance, with no vaccination for children between the ages of five and eleven and the effectiveness of contact-tracing at 80 percent, there would be over half a million infections between June 2021 and June 2022.

In several of the scenarios, maximum Intensive Care Unit (ICU) capacity would either be stretched or significantly exceeded. Assuming that five- to eleven-year-olds were vaccinated, but contact-tracing had been reduced to zero, ICU admissions would peak at 878 in early February, almost exceeding the 884 existing staffed beds. If the young cohort were not inoculated and contact-tracing had similarly collapsed, the ICU peak would be 1,207, far above capacity.

The OzSAGE authors implicitly rebuke various media commentators who have sought to discredit critical epidemiologists by noting that previous worst-case scenarios have not come to pass. “A modelled output does

not present a certain future—only a possible one,” they write, “which can be avoided if governments take the necessary actions.”

On two of the key variables, the poorer scenarios appear to be on track. There is still no indication of when a vaccine for young children will be approved, with the Australian Technical Advisory Group on Immunisation (ATAGI) waiting for data from the US, due to be ready in December. This coincides with the holiday season, so it is highly unlikely that the cohort will be fully-vaccinated by early next year, even if approval occurs next month.

And contact-tracing has been dramatically scaled back. It is months since the NSW Health Department dispensed with any serious attempt to track down those who had come into contact with the virus on a casual basis, or even publicly list venues in Sydney that have been attended by infected people.

When infections have been at their highest during the current outbreak, primary contact-tracing has broken down. Test results took up to a week to return, COVID-positive people were not interviewed by health authorities and “unknown” cases constituted a significant proportion of the daily total.

Notably, the OzSAGE modelling, which does not take into account actual deaths or infections since June, substantially understates the fatalities. In several of the scenarios, predicted deaths between June this year and next have been overtaken by actual losses, which already number 571.

While infections have reportedly decreased in NSW, the lifting of restrictions all but guarantees future surges, threatening a repeat of the situation in September-October, where the hospitals were almost overwhelmed. OzSAGE also called for a series of measures to be taken to prevent the loss of staff, after health workers have reported being under unprecedented strain.

In Victoria, over a thousand daily infections continue to be reported most days. The number is still far higher than at any point in the pandemic prior to the current outbreak. The state Labor government, however, has spearheaded the lifting of restrictions. Even indoor mask-mandates have largely been dispensed with, while mass events, such as cricket matches, with audiences of 100,000 or more are planned.

Even before a “fourth wave,” the most vulnerable layers of the population are being hit hard by the pro-business reopening drive. School children and their teachers have been placed on the frontlines, forced into facilities that are functioning as petri dishes of the virus so that parents can

return to their places of employment and pump out profit for the major employers.

According to the NSW Teachers Federation, over 500 schools in the state have been affected by COVID cases in term four. The union, which supports the reopening, has not detailed where they are. In Victoria, the figure is approaching 700. Despite the attempts of the governments, the teachers unions and the media to bury the issue, it is indisputable that the schools are functioning as central areas of transmission.

Nationally, the reopening of borders and the lifting of restrictions is allowing the virus into states and territories that have previously eliminated COVID-19, in some cases for much of the pandemic. The Northern Territory (NT) is suffering its worst outbreak to date, with at least 51 cases. Most of those infected are indigenous, with a number from remote townships that are especially vulnerable because of endemic health issues stemming from centuries of oppression, appallingly insufficient housing, medical facilities without resources and staff among the worst factors.

The vaccination rates of the affected communities, including Binjari, Rockhole and Robinson River, have not been made public. But across the NT, half of Aboriginal communities have vaccination rates beneath 50 percent. The failed vaccination rollout, coupled with overcrowded housing, means that the virus can spread rapidly.

Meanwhile, official political discussion is dominated by fascistic anti-lockdown and anti-vaccine mandate demonstrations, which have been promoted by sections of the corporate elite, big business and the Liberal-National Coalition. The elevation of the protests, aimed at intimidating widespread opposition to the reopening, is also undermining inoculation efforts as immunity begins to wane for many of those already vaccinated and the booster program is only beginning.



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