

Part 2

What “endemic” COVID-19 really means: Mass infection and death forever

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This is Part 2 of a two-part series. Part 1 can be read here.

Dr. Anthony Fauci, the Biden White House’s top medical adviser, who always has one foot planted in the quagmire of bourgeois politics, made a remarkable statement to the press during his recent appearance at the World Economic Forum’s Davos Agenda online conference. He said, “It’s an open question as to whether or not Omicron is going to be the live-virus vaccination everyone is hoping for.”

Dr. Fauci’s comments were scientifically worthless and devoid of the principles that a public health official should embrace to protect the population, regardless of the political atmosphere surrounding the issue. The role of a public health official is not to sidestep the importance of the precautionary principle, which forbids the type of social “experimentation” now being unleashed on the American and world population.

In the absence of a clear understanding of the long-term—or even short-term—consequences of universal infection with the Omicron variant, the task of public health is to do everything possible to protect the population, not to throw open the doors to the virus and risk a possible catastrophe.

The highest goal is the protection of human life, and principled scientists must warn the population that they should protect themselves and others in their communities. Even if Omicron is less virulent than Delta in terms of its impact on a specific individual, it is far more transmissible and could well make up in volume what it lacks in potency. Mass infections will cause untold numbers of deaths that could have been prevented. Worse, such a high infection rate affords the virus the opportunity to continue mutating to more virulent or vaccine-resistant forms.

Placing Fauci’s fatalism into context, internationally renowned epidemiologist Dr. Raina MacIntyre, head of the Biosecurity Program at the Kirby Institute at University of New South Wales (NSW) based in Sydney, Australia, recently observed, “Omicron is not mild. Omicron is less severe than Delta, but in NSW alone, it’s killing people at the rate of a Boeing 737 crashing every fortnight, including children and fit young people. It’s causing thousands of hospitalizations a day... Today, the anti-science movement has become mainstream, confusing and confounding the community and being propagated by politicians and health officials alike to suit their own agendas.”

The global impact and vaccine nationalism

Despite the fact that 9.6 billion doses of COVID-19 vaccines have been administered across the globe, vaccine nationalism continues to distract from the need to provide these lifesaving treatments to the most

impoverished countries worldwide. Officially, more than 328 million COVID-19 cases and 5.54 million COVID-19 deaths have been reported.

Last week, there were 20.4 million new infections worldwide (30 percent above the previous week) and over 49,000 deaths. Cases across five of six WHO regions continue to rise dramatically. And in terms of excess deaths, estimates place the actual scale of death at two to four times above official reports, with a central estimate of almost 20 million since the beginning of 2020. The estimate of weekly excess deaths by *The Economist* is over 66,000, just shy of the May 2021 peak of 69,600. This is equivalent to the level of death experienced by civilians and combatants during World War I.

These estimates will continue to climb as the rapid spread of the “mild” Omicron variant across the globe is sickening millions and leading to the inundation of health systems everywhere it has come to dominate. The United States has recently seen average COVID-19 admissions across the country reach record highs, including pediatric cases.

Across South America, hospitals are turning patients away. In Argentina, 15 percent of healthcare workers are estimated to be infected with COVID-19 at present. Surgeries are being canceled for a month in Rio de Janeiro, Brazil, where between 10 to 20 percent of health professionals have taken sick leave since the New Year holiday. However, blackout conditions by fascistic President Jair Bolsonaro on the real on-the-ground COVID-19 statistics make day-to-day assessments impossible.

In a recent report in the prominent Australian journal *Saturday Paper*, Dr. MacIntyre takes to task unscrupulous celebrity experts who have toed the political line by declaring Omicron “mild” and COVID-19 “endemic.”

She writes, “Denial of the science of epidemiology is widespread, even among ‘experts.’ We are told repeatedly that SARS-CoV-2 will become ‘endemic.’ But it will never be endemic because it is an epidemic disease and always will be. The key difference is spread. As an epidemic disease, SARS-CoV-2 will always find the unvaccinated, under-vaccinated, or people with waning immunity and spread rapidly in those groups. Typically, true epidemic infections are spread from person to person, the worst being airborne transmission, and display a waxing and waning pattern such as we have already seen with multiple waves of SARS-CoV-2. Cases rise rapidly over days or weeks, as we have seen Alpha, Delta and Omicron. No truly endemic disease—malaria, for example—does this.”

As she notes, a vaccine-only strategy has proven disastrous as immunity wanes and the virus has mutated towards immune-evasive strains. Most recently, a small study out of Israel showed that even four doses of vaccine were not highly effective in preventing infection with the Omicron variant. Meanwhile, there has been no effort to address the infection’s airborne nature, such as the universal provision of high quality N95 or better masks, assuring safe indoor air or other mitigating factors.

Even testing and contact tracing, pillars of epidemic control, have been abandoned.

MacIntyre adds, “Many do not understand ‘public health’ and equate it with the provision of acute health care in public hospitals or confuse it with primary care. Public health is the organized response by society to protect and promote health and to prevent illness, injury, and disability. It is a core responsibility of government.”

In another recent article headlined, “Amid cascading failure, where is the leadership?” MacIntyre develops her rebuttal of those who have claimed that COVID-19 will become endemic. She notes that endemic and epidemic infections demonstrate different patterns of disease and “respiratory transmissible infections like influenza, measles or SARS-CoV-2 do not become endemic. They cause recurrent waves, and each wave is disruptive to society because it grows rapidly, within days or weeks. Even influenza, which is milder than SARS-CoV-2, requires surge planning for extra hospital beds for the seasonal epidemic every winter.”

Dr. Ellie Murray, an assistant professor of epidemiology at Boston University School of Public Health, also recently noted on social media, “Everyone keeps talking about COVID becoming endemic, but as I listen to the conversation, it’s becoming more and more clear to me that very few of you know what ‘endemic’ means.”

Murray explains that there are four options for what could happen with any pandemic: 1) the complete extinction of the pathogen, 2) global eradication of disease, 3) local elimination of disease and 4) continually occurring disease, with small or large surges. The first three options, all difficult and requiring global or regional coordination of resources to stop the disease or pathogen, are the only options that prevent the disease from repeatedly wreaking havoc on countries or the entire world.

Dr. Murray describes continually recurring disease as “easier short-term, but it is the hardest long-term.” Murray also notes the term “endemic” is vague because there are no predefined limits to the number of infections per day that is acceptable. “What level is ‘acceptable’ differs from place to place, over time and between diseases, and it may not always be explicit. But when a disease is endemic, there is a threshold!”

She warns, “So, here’s the kicker: endemic doesn’t mean ‘never think about COVID again.’ It’s exactly the opposite! Endemic means someone is always thinking about COVID. Endemic means public health is always monitoring disease and always intervening when cases cross the acceptable level.” Contrary to this scientific approach toward endemicity, the ruling elites declare COVID-19 endemic as a pretext to completely abandon all public health efforts to ensure the disease is brought to any semblance of “acceptable” control.

As an aside, public health has made enormous progress over the past 200 years. Two centuries ago, living conditions were vastly different: poor sanitation, lack of proper sewage management and safe potable drinking water, non-existent food inspection and garbage collection, poor nutrition, crowded housing. Many infants and children perished from diseases that are barely heard of anymore—cholera, diphtheria, typhus, to mention a few. Life expectancy was half of what it is today. Many advances were made not because of medical discoveries but through public health initiatives that have made life safer and more comfortable for millions of people. But for the last two decades in the US, despite doubling healthcare spending, life expectancy barely increased. Since the start of the pandemic, life expectancy has plummeted.

Dr. William Haseltine, a professor at Harvard Medical School for two decades and contributor to *Forbes* magazine, recently wrote, “An endemic is a disease outbreak that is consistently present, irrespective of severity. COVID-19 is still a very serious disease with many unknown outcomes. Stable endemic disease is a world away from the unpredictable surges and evolving variants of the current pandemic.” He then underscores the salient point that endemic disease does not mean mild disease. Malaria, which killed more than 600,000 people in 2020, is considered endemic.

Dr. Haseltine adds, “Omicron infection is not mild for those who are immunocompromised, unvaccinated or have a risk factor for severe COVID-19, which accounts for a significant fraction of the United States population. Unlike the hopeful initial data that emerged from South Africa, hospitalizations in the US have already hit a new pandemic peak.”

Speaking with the *Financial Times*, Dr. Elizabeth Halloran, director for the Centre for Inference and Dynamics of Infectious Diseases in Seattle, who has recently published on the topic of endemicity and COVID-19, said, “Endemicity does not imply mild disease, and mild disease does not imply endemicity. The move towards endemicity has to do with reaching a dynamic equilibrium where on average one person infects one other person, and this could include seasonality or other fluctuations.”

She added, “Though vaccines will help, there is not much we humans can intentionally do to move towards endemicity... a lot depends on how the virus evolves.” And virus evolution has proven very difficult to predict, including the virulence of the Omicron variant.

In conclusion, we offer Dr. MacIntyre’s succinct diagnosis and prescription:

First, we need an explicit commitment from governments to protect people. We do not have that commitment yet—we have talk of personal responsibility but have been left without the tools to survive. Personal responsibility is fine for the privileged and wealthy who can jump the queue and get the fanciest of drug treatments, but for the rest of us it is a jungle of survival of the fittest, fighting for scarce resources whether they be hospital beds, a rapid antigen test or chicken on the supermarket shelf.

We have been left as two tiers of society. The 50 percent who are fit, young and healthy, and the other 50 percent who are older, or live with disability or underlying conditions. Daily we are reminded that the deaths of the old and the weak half do not matter as much as the deaths of the young and strong half. We need a commitment from government that we all matter equally.

We have the tools to minimize damage to both the economy and health, and we have better vaccines and treatments to come. We need to call out anti-science disinformation, especially when propagated by experts or people in power. Instead of surrendering because we are sick of the pandemic, we need ambition to do the best we can, moral courage and a shared vision of what we want as a society. And we need leaders to show the way.

Concluded



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