

COVID-19 cases spread across the Pacific

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A disaster is rapidly unfolding among the vulnerable island states scattered across the Pacific, as cases of COVID-19, including the virulent Omicron variant, gain a foothold.

In October 2021, of 17 countries listed by *The Lancet* as COVID-19-free, 12 were in the Pacific. That situation is reversing among the region's impoverished former colonies, whose health systems and social infrastructure are ill-equipped to deal with the looming crisis.

Lockdowns were imposed in Samoa and Kiribati last week after COVID-19 cases were identified in international arrivals. Until this month, Kiribati had not reported a single case, while Samoa had only recorded two since the pandemic began.

On January 14, 36 of 54 passengers on a charter flight to Kiribati from Fiji—the first to arrive in the nation since borders reopened—tested positive. In Samoa, a lockdown was triggered on Saturday after cases linked to a repatriation flight from Brisbane, with 73 passengers on board, rose to 15.

The sudden spread of COVID-19 into previously isolated Pacific islands coincides with the eruption of the virulent Omicron strain in the two regional powers, Australia and New Zealand. Both treat the southwest Pacific as their neo-colonial patch. Neither has ever had any concern for the local population, and bear prime responsibility for the current social and economic disaster.

Canberra and Wellington have adopted the “live with the virus” agenda, with disastrous results. Australia has had 1.9 million cases since mid-December and more than 800 deaths. The Omicron variant has recently been confirmed in the New Zealand community, with Prime Minister Ardern expecting “up to 1,000 cases a day” within two weeks.

The imposition of “herd immunity” is in line with demands from big business and political elites to

prioritise profits over public health. As part of this, the reckless relaxation of border restrictions and revival of international travel has begun in earnest. In the Pacific, this is propelled by the drive to restore the devastated tourism industry, deemed essential to the economies of island businesses.

Kiribati opened its borders, which had been shut since March 2020, on January 10. The flight from Fiji occurred during a surge of COVID-19 following Fiji's border re-opening on December 1. Fiji's Health Ministry reported the first Omicron case on January 4. From January 11-24 there were 4,049 new cases reported, including among tourists who have isolated within segmented parts of their hotels. There were 11 new deaths reported on Tuesday.

In Kiribati a case uninvolved with the quarantine facility was confirmed last Friday, forcing the government to announce it assumed COVID-19 is now spreading in the community on South Tarawa and Betio. South Tarawa is Kiribati's capital and home to about half of its population, some 63,000 people. An indefinite lockdown was imposed on Saturday, with residents only able to access emergency or essential services during prescribed hours.

In Samoa, the positive cases, all of whom were fully vaccinated, entered on January 19, including an 11-month-old baby. Six new cases have since been detected at the border, plus five infections among nursing staff, bringing the total to 26. Samoa's Director General of Health Dr Take Naseri said samples were sent to New Zealand for testing, but they suspect it is the Omicron variant. Repatriation flights from Australia and New Zealand have now been cancelled.

Agafili Tomaimano Shem Leo, chairman of the National Emergency Operation Center, said that the “day dreaded by authorities for COVID-19 to invade Samoa is here,” adding, “our security is under siege from COVID-19.” In 2019 a measles epidemic, which

began in New Zealand, rapidly overwhelmed Samoa's fragile health system, killing 81 people, mostly children. Currently only 62 percent of the population is currently fully vaccinated for COVID.

The Solomon Islands is facing a health catastrophe. Authorities reported 650 cases as of Tuesday, with two deaths. Health Ministry spokesman Yogesh Choudry said there is widespread community transmission in the capital Honiara, nearby Malaita Province and is threatened in the Western Province. The ministry is transitioning from a "containment" to a "mitigation" strategy, with case numbers forecast to hit 50,000 in coming weeks.

Prime Minister Manasseh Sogavare revealed on January 18 that six of ten people who had illegally entered the country had COVID-19. A foreign national on a flight from Brisbane had also tested positive, taking the tally of positive cases at the time to 32. A community cluster, possibly sourced from Papua New Guinea, was discovered the next day among five residents from Ontong Java Atoll who had travelled to Honiara by ferry on January 10.

The impoverished country is only able to carry out 200 tests a day. The positivity rate is nearly 50 percent, pointing to rampant infection that is spreading undetected. In a massive blow to the already stretched health system, over 50 of the cases are staff at the National Referral Hospital in Honiara. Besides a shortage of critical health workers, there are only 56 beds to cater to people with moderate to severe disease.

Elsewhere, in the French Pacific territory of New Caledonia, 805 new infections were reported last weekend with more than 300 being recorded every day. There are currently 2,839 active cases. The surge follows the arrival of Omicron earlier this month, brought in by international travellers. Some of those infected have had no contact with the initial cases and half of infections are the Omicron variant.

New Caledonia was COVID-19 free until last September when Delta rapidly infected thousands and killed more than 280 people, mainly indigenous Kanaks. The country went into lockdown, but restrictions were eased for the Christmas holiday period. Just 65 percent of the population has been fully vaccinated. Congress passed a law in September making vaccinations mandatory but its application has been repeatedly deferred.

In the region's largest country, Papua New Guinea (PNG), the first Omicron case has been detected in a 45-year-old expatriate man, who had travelled from South Africa and diagnosed on 26 December.

With the man now recovered, PNG authorities have called for "calm." However, pandemic response controller David Manning has declared that the government is "working from the assumption that the Omicron variant is now active in Papua New Guinea." Manning said authorities are attempting to control the rate of infections before the country's election period, due in May. Public gatherings of 100 or more people have been banned until March.

PNG suffered a surge of cases last October. Hospitals were overwhelmed and morgues overflowed, forcing the government to conduct mass burials. Official figures report 77 new cases from 11-24 January, but due to the collapse in testing these numbers are meaningless. PNG has one of the lowest rates of vaccination in the world, with less than 3 percent of nearly 9 million people vaccinated.

The criminal perspective of PNG's ruling elite was bluntly spelled out by National Capital District Governor Powes Parkop, who declared in a speech on January 18 that the capital, Port Moresby, would not be locked down.

"We must accept that the virus is here to stay. Those who want to get the vaccine, it is up to you, those who do not want, you think you are okay, it is up to you. Life must go on," Parkop said. Very likely, there will be thousands of deaths.



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