

# COVID-19 death toll in US officially surpasses 900,000, driven by Omicron

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Despite attempts by every media pundit and world leader to characterize the Omicron variant as “mild,” this has proven to be a patently false assertion.

The United States--the global epicenter of the pandemic--recorded 3,895 deaths yesterday pushing the seven day average to 2,656, according to tally kept by Newsnodes.

The *New York Times* and other media outlets reported that the US had officially surpassed 900,000 total deaths. According to the Worldometer’s COVID-19 dashboard, that figure is at 925,000. By all accounts, the US is expected to surpass one million cases before the end of March if the current pace in fatalities continues. In January alone, more than 60,000 Americans perished.

The persistent warnings by principled scientists and world health experts against dismissing this very infectious variant of COVID-19 have gone essentially unheeded. The price for this hubris has been the astounding rates of infection with concomitant rates of hospitalizations and deaths that have been seen during the current wave.

For more than two weeks, the daily average of new infections has remained over three million. For January 2022, there were nearly 90 million cases globally, accounting for almost one-quarter of all infections since the pandemic began in 2020. The week beginning January 24 saw the highest rates with more than 23.2 million cases. There were also more than 63,600 deaths or close to 9,100 deaths per day.

In total, nearly a quarter-million people perished in January. At present, the seven-day moving average of deaths has surpassed 10,000 per day. Officially, more than 12,000 people died yesterday, exceeding the Delta wave high recorded in late August. The current rising trend in deaths continues its upward trajectory 30 percent shy of the winter peak on January 27, 2021, when 17,541 deaths were recorded.

There is nothing mild about Omicron.

A quick survey of yesterday’s reported COVID-19 deaths by country underscores the global scale of the current surge.

Everywhere Omicron has taken hold, the death toll has climbed irrespective of the level of vaccinations and previous infections.

India noted 1,100 deaths; Brazil registered 923; Russia saw 667 killed; Mexico acknowledged 573 died. Even Japan, one of the countries that had seemingly contained infections, saw 93,388 new infections, a one-day high, and 78 people died yesterday with fatalities rising exponentially.

In Israel, two-thirds of the population have received two doses of the COVID-19 vaccine. Eighty percent of the eligible population have received two doses plus a booster jab, including 90 percent of people over 60 years of age. Despite being highly vaccinated, infections peaked in the last week of January, with more than 83,000 new infections on January 23, 2022. According to statistics reported by the Ministry of Health, the daily death toll has now approached last winter’s peak.

Placing the scale of death into context, according to the *Economist*’s excess death tracker, the estimated day-to-day excess deaths have reached 82,700, a pandemic high. The total excess deaths for the first month of 2022 was around 2.2 million people, meaning that 10.6 percent of all excess deaths during the pandemic occurred in the last month of the COVID-19 pandemic, almost all due to Omicron.

As the BA.1 variant of Omicron is riding roughshod from one country to another; the more contagious BA.2 subvariant is rapidly following in its footsteps. According to the website covariants.org, which tracks the frequency of sequenced variants (and not the number of cases), BA.2 was present in 81 percent of sequenced cases in the Philippines at the beginning of January. In Qatar, 32 percent of sequenced cases were BA.2. Most recently, India has seen 79 percent of sequenced BA.2 subvariant, and South Africa is at 24 percent. It is dominant in Denmark and growing in Europe and the US.

This week, Dr. Tedros Adhanom Ghebreyesus, the director-general of the World Health Organization (WHO), warned, “It’s premature for any country either to surrender, or declare victory. The virus is dangerous, and it continues to

evolve before our very eyes.” Though not designated on their website yet, Dr. Maria Van Kerkhove, WHO’s COVID-19 technical lead, said on Monday, “since BA.2 is Omicron, it is a variant of concern.”

The original variant, BA.1, was designated a variant of concern by the WHO on November 26, 2021, very soon after it was detected in South Africa. Three other subvariants are now being followed—BA.1.1, BA.2, and BA.3, with BA.2 being the most concerning. In their February 1, 2022, weekly epidemiological update on COVID-19, the WHO reported that “BA.2 designated sequences have been submitted [infection tracking site] GISAID from 57 countries to date, with the weekly proportion of BA.2 relative to other Omicron sequences rising to over 50 percent during the last six weeks in several countries.”

In a report published this week in the *New England Journal of Medicine (NEJM)*, the authors challenged the subjective assertions that Omicron was milder than previous SARS-CoV-2 variants, an unscientific conception based on initial and limited observations to which the media and world leaders rapidly gravitated to support their criminally malign policy to let everyone rapidly become infected with the virus.

After acknowledging Omicron’s growth advantage over Delta and that hospitalization rates have been lower and deaths not commensurate with the number of infections, they wrote, “Even more than for previous variants, however, caution is warranted when it comes to making inferences about Omicron’s intrinsic traits, particularly its severity, on the basis of population-level observations.”

They added, “One important factor that should guide the interpretation of Omicron’s population-level severity is the level of immunity in affected populations.” Compared to previous waves, a higher proportion of people have been previously infected or vaccinated. Therefore, there is a higher level of preexisting population immunity, which complicates comparisons to earlier variants.

According to the *NEJM* review, two studies—an Imperial College London study and another out of the University of Cape Town—that corrected for these assortments of biases that have plagued observational studies estimated that Omicron was about 75 percent as likely as Delta “to cause hospitalization in an unvaccinated person with no history of SARS-CoV-2 infection.” The difference is essentially negligible, making the Omicron variant comparable to earlier strains in severity.

Recent data out of Israel have also found that some patients previously infected with Omicron have been reinfecting with the BA.2 subvariant in a relatively short time. Though these numbers remain modestly small, they have considerable implications as infection or vaccination

will see immunity wane considerably over a few months.

In an opinion piece published in the *Globe and Mail*, Blake Murdoch, a health law academic and privacy officer, wrote, “Many of us have now survived a COVID-19 infection, some with little effort and others with lasting debilitating effects. Sadly, not everyone made it—rest in peace, Grandfather. For some, there is a sense of calm that the worst must be over, that we will be able to heal and that the society we knew might return. But can our bodies handle, say, ten more COVID-19 infections over the next three years? That’s not ‘fear porn’—it is a possible scenario based on how we are handling Omicron.”

He added, “The idea that herd immunity from widespread Omicron infection will last longer than a few months is a mass delusion propagating in all forms of media. It’s the type of delusion sure to gain traction in a world where we are all absolutely sick and tired of the pandemic. It even ignores reality from three months ago, when Omicron didn’t exist and the idea of us benefitting from infecting everyone was a widely condemned idea.”

Yet, this is precisely what is being ordered by governments around the world with the added caveat that all attempts to track the critical statistics accurately—cases, hospitalizations and deaths—are being discontinued and the current state of affairs being presented as the new normal.

Dr. Hans Kluge, WHO regional director for Europe who has been pushing for declaring the pandemic over, speaking to reporters this week, said, “This period of higher protection should be seen as a cease-fire that could bring us enduring peace. This context that we have not experienced so far in this pandemic leaves us with the possibility for a long period of tranquility.”

Indeed, it has been this short-sighted, delusional optimism that has seen the repeated deadly waves cut through the population over and over again. Policies that allow the virus to run rampant across communities have functioned as an effective global gain of function experiment which spawned more virulent and infectious strains. The world cannot suffer to encounter the further variants spawned through these tactics and must immediately adopt an elimination strategy to bring the pandemic to an end. However, this is political question to which the working class holds the key.



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