

# COVID deaths hit 6 million worldwide as Omicron mutation devastates Hong Kong

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6 March 2022

Two years ago this week, on March 11, 2020, the World Health Organization declared the SARS-CoV-2 outbreak threatening the globe a pandemic. WHO Director-General Tedros Adhanom Ghebreyesus warned at that time, “I’m deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.”

On that day there were fewer than 100,000 documented cases and the global death toll was just under 5,000, but the number of cases outside of China was increasing exponentially as new confirmed cases were reported in country after country.

Now the number of reported COVID cases has reached 445 million and the number of reported COVID deaths has passed the 6 million milestone. And the pandemic, after being suppressed for nearly two years in China through its successful Zero COVID policy, has now resurfaced in at least one part of that country, the autonomous trading center of Hong Kong.

Even the latest horrific figures on deaths and infections are official totals only, missing enormous numbers of pandemic victims, particularly in the poorer countries.

According to estimates of global COVID infections by the Institute for Health Metrics and Evaluation (IHME) the number of new cases in 2022 alone has already exceeded 2.5 billion, due to the extreme contagiousness of the Omicron variants. One widely cited estimate of the global excess death toll is 19.9 million (according to the *Economist*), or 3.3 times the official number.

Not all the excess deaths are directly caused by SARS-CoV-2, but they have taken place because of the impact of the pandemic, and as a consequence of the policies adopted by capitalist governments around the world that have chosen to force the world’s people to endure

a continued assault by a deadly pathogen rather than carry out basic public health measures to eliminate it once and for all.

Edouard Mathieu, head of data for the Our World in Data portal, told the Associated Press, “Confirmed deaths represent a fraction of the true number of deaths due to COVID, mostly because of limited testing, and challenges in the attribution of the cause of death. In some, mostly rich, countries that fraction is high, and the official tally can be considered to be fairly accurate, but in others it is highly underestimated.”

Instead, the policies of “living with the virus” have culminated in shedding of masks, ending of all protective measures like quarantines and lockdowns, resumption of travel and reopening of businesses all across the globe. As indicated by cellphone data, population mobility is above the pre-pandemic level. Concerted efforts have gone, not into a public health offensive against the virus, but into a propaganda offensive claiming that the Omicron variant is “mild” and that the coronavirus should be accepted as “endemic,” one whose deadly consequences are to become part of everyday life for the foreseeable future.

Many of the countries and regions that had pursued an elimination strategy in the last few months have renounced such public health measures at significant detriment to their population. The situation now in Hong Kong is quite troubling and, as when Omicron was first reported in South Africa just a few months ago, may be a harbinger of the dangers awaiting many other countries.

Hong Kong, a Special Administrative Region of the People’s Republic of China, has a population of over 7.5 million. It had persisted in its Zero COVID policy, but the local government’s efforts began to weaken in the face of the highly transmissible BA.2 sub-variant of

Omicron, which broke through in January and began to spread quickly. While playgrounds, gyms and salons remained closed, thousands went to the Mong Kok flower market and temples before celebrating the Lunar New Year holidays.

In an opinion piece published in the *South China Morning Post*, Regina Ip wrote, “It’s hardly surprising that large-scale outbreaks occurred afterwards in densely populated public housing areas. Little was done to mitigate the scope for deadly outbreaks at congested homes for the elderly, long highlighted as potential disaster areas.”

The head of the COVID Response Expert Team of the National Health Commission, Dr. Liang Wannian, who arrived in Hong Kong on February 28, instructed health officials that “the goal of ‘dynamic clearing’ is not to blindly pursue zero infections, but to cut off the chain of transmission as soon as possible to minimize the occurrence of infection, severe illness, and death.”

New COVID cases remained nominal at around 700 per day until the first week in February, when they exploded, reaching over 50,000 per day. From around 12,650 cumulative cases at the start of the New Year, case numbers have now catapulted to 440,000. Ninety percent of all cases have occurred in just the last three weeks.

In that same three weeks, the death toll jumped from a low of 219 to 1,774, with deaths each day so far in March equal to the total cumulative deaths in the two years of the pandemic. One hundred percent of all sequenced SARS-CoV-2 viruses from Hong Kong harbor the I1221T mutation at the BA.2 sub-variant’s spike protein, suggesting that this mutation offers the virus an important advantage.

The death toll on a per capita basis is extremely high and worrisome, considering it is linked to a new mutation. As shown in Figure 2, the per capita rate being witnessed now in Hong Kong is higher than any seen in the United States throughout the pandemic, underscoring the deadliness of the Omicron variants.

It appears that in Hong Kong many among the elderly are least vaccinated. Mistrust of government vaccination campaigns and misinformation about the vaccines meant that this group remains extremely vulnerable, a factor in the high rates of deaths being seen. Reports are also surfacing of the impact on children.

There are reports that bodies are piling up at Hong Kong’s hospitals and mortuaries. Lau Ka-hin, a senior administrator at Hong Kong’s hospital authority, informed the media, “There has been a surge of COVID-related deaths. We can’t process the transferral of bodies; therefore, you will see some bodies [stored] in accident and emergency rooms. The bodies of [the] deceased patients need to be moved to public mortuaries for autopsy and investigation.”

According to the *South China Morning Post*, health authorities are planning to repurpose half of all hospital beds for COVID-19 patients this week to accommodate the exponential growth in cases. Hospital Authority chairman Fan Hung-ling told the *Post*, “The original idea was to convert 30 percent of beds in public hospitals, but with the escalating new cases, the expert group led by Dr. Liang has suggested increasing it to 50 percent. Two hospitals, Tin Shui Wai Hospital and North Lantau Hospital, are already complete, providing 500 beds and more are in the pipeline.”

Shortage of medicinal oxygen is placing tremendous stress on the care of COVID patients. Patients are unable to be admitted to intensive care units due to overcrowding. Doctors and nurses speaking on condition of anonymity have painted a bleak picture, reminiscent of the darkest hours in Italian and New York City hospitals.

Once nurse said, “There had been some patients who ran out of oxygen and had a cardiac arrest and required resuscitation. I think it is negligence, but now we are in the middle of a crisis, and we are left with limited options.”

The crisis in Hong Kong demonstrates the ongoing severe threat of the virus to humanity, despite the complacent propaganda in the corporate media that the pandemic is coming to an end. Particularly concerning is the nature of the latest mutations and the impact they will have as they transmit across the world in days. Who will be next?



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