

Studies warn Omicron BA.2 is the most dangerous COVID variant ever

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Recent studies of the BA.2 sub-variant of Omicron suggest that it is both more transmissible and more lethal than Omicron BA.1, and that it is quickly supplanting the previous variant in country after country. The findings directly contradict the claims of governments around the world that the pandemic is ending, that Omicron is “mild,” and that public health measures to fight to pandemic can be relaxed or eliminated altogether.

These findings come as the recent drop in COVID infections worldwide has slowed, and seems to have hit a plateau. All previous such plateaus have been followed by a new and more widespread and deadly upsurge, usually associated with a new variant, such as Alpha (originating in Britain), Delta (first detected in India) and Omicron (first identified in South Africa). A new surge may well be triggered by the spread of BA.2.

For their part, the Biden administration and corporate media have virtually dropped any discussion of the pandemic, focusing all their attention on the war in Ukraine and the frenzied efforts of the NATO countries to intervene in the crisis and prepare for war with Russia. The subject of COVID-19 has virtually disappeared from the news, under conditions where 1,500 people on average are dying each day in the US. The month of February closed with 61,000 total COVID deaths, and January and February were the fourth and fifth worst months of the pandemic, despite nearly three-quarters of the eligible population being vaccinated.

The most alarming report has come in a study at the University of Tokyo, which compared Omicron BA.1 and BA.2, and concluded that BA.2 is so different that it should be classified as a full-fledged new variant, the most dangerous yet to emerge in the COVID-19 pandemic, now in its third year.

“Based on our findings, we propose that BA.2 should be recognized as a unique variant of concern, and this SARS-CoV-2 variant should be monitored in depth,” said lead scientist Kei Sato.

In an interview conducted after the Tokyo study was made public, and published today on the WSWs, scientist Yaneer Bar-Yam, co-founder of the World Health Network, which advocates a policy of eliminating COVID rather than “living with the virus,” explained the significance of the findings.

The study found that BA.2 is not only more transmissible than BA.1, it is more vaccine evading and more resistant to previous infection by BA.1. “If you were previously infected by BA.1, the level of protection to BA.2 is not the same as BA.1. BA.2 will bypass immunity after infection by BA.1 and lead to [higher risk] of another infection,” he told us.

The Tokyo study also found that, in animals, BA.2 caused substantially more damage than BA.1, because it drove the infection deeper into the lungs than the original Omicron sub-variant. Bar-Yam told the WSWs: “Now, obviously this is something that we still need to see in people, but if you realize that this is what’s happening in hamsters, you should stop assuming that it’s okay and you should go back and look at what’s going on now.”

Bar-Yam said the description of BA.2 as a sub-variant of Omicron was likely incorrect. “BA.2 is different enough from BA.1 that it should be given its own designation—its own Greek letter—according to the current numbering scheme. But that’s politically not very comfortable because people are declaring this to be over and having a new Greek letter would raise questions that require us to reevaluate what’s going on.”

Other studies have confirmed that BA.2 is displacing

BA.1. The new strain of COVID is now found in 8-10 percent of genetic samples in the United States, about where the first Omicron variant was in early December.

Other recent studies confirm that BA.2 is more transmissible than BA.1 by a factor of 50 percent (in Denmark, where BA.2 is now dominant), and in the Tokyo study, which found a 40 percent increase in infectivity.

Maria Van Kerkhove, technical lead on COVID-19 for the World Health Organization, said, “BA.2 has a growth advantage even over BA.1,” and that accordingly, “We need to drive transmission down. Because if we don’t, we will not only see more cases, more hospitalizations, more deaths, but we will see more people suffering from Long Covid and we will see more opportunities for new variants to emerge.”

A study by Michigan State University reviews a range of findings on BA.2 and concludes, “We forecast Omicron BA.2 will become another prevailing variant by infecting populations with or without antibody protection.”

In particular, BA.2 was found to be 30 percent more vaccine-resistant than BA.1 and 17 times more vaccine-resistant than the Delta variant. It has significantly more mutations than BA.1, including four unique mutations in the receptor binding domain, the key area for attaching the virus to cells in the body and invading them.

A Massachusetts study found, “There is increasing evidence that the risk of SARS-CoV-2 infection among vaccinated individuals is variant-specific, suggesting that protective immunity against SARS-CoV-2 may differ by variant.” Other research confirms that this applies to the two sub-variants of Omicron: infection with BA.1 does not protect from a subsequent infection with BA.2

The journal *Nature* published a study Monday involving patients, all over 50, who underwent brain scans both before and after contracting COVID-19. The study found tissue damage primarily in areas related to the sense of smell, but also in some areas connected to other brain functions.

Other reports documented the ongoing toll of the pandemic. According to Michigan Medicine’s National Poll on Healthy Aging, older adults postponed or canceled 30 percent of their health care appointments, including tests, procedures, and operations, as well as

annual check-ups, for pandemic-related reasons. Vaccinated people canceled far more often than the unvaccinated.

A report in the *Washington Post* Monday highlighted the impact of the pandemic on mental health—not the bogus claims that remote learning causes mental illness in children, but the real consequences of mass death and suffering on the population, under conditions of a scarcity of resources for mental health care.

The *Post* noted: “The federal government’s mental health and substance abuse referral line fielded 833,598 calls in 2020, 27 percent more than in 2019, before the pandemic began. In 2021, the number rose again, to 1.02 million.”

Besides a series of harrowing interviews with people desperate for counseling and other services, but unable to access them, the article noted extremely long waiting lists for pediatric health care services—a 10-month wait at Boston Medical Center, for example. There are only 8,300 child psychiatrists in the United States to serve 15 million young people estimated to need them, according to the American Academy of Child and Adolescent Psychiatry.

This avalanche of scientific evidence of the ongoing and worsening danger from COVID-19 cuts across the policies of most capitalist governments (except China), which have largely abandoned any effort to limit the spread of the virus, claiming that the pandemic is ending and that vaccination has effectively ended the risk of hospitalization and death.

The purpose of this propaganda campaign is to enforce the back-to-work, back-to-school policy which is based, not on science or public health, but on the requirements of the capitalist system, which demands workers on the job generating profits for the corporations and the super-rich.



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