

Omicron BA.2 wave begins its assault on the United States

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A growing number of public health experts in Europe and the United States predict that the US will see a sharp rise in COVID-19 infections in the coming weeks due to the spread of the highly infectious and immune-resistant Omicron BA.2 subvariant. These assessments are based on the current wave of COVID-19 infections now impacting 18 countries across Europe, where surges have consistently proved a harbinger of another wave in the US.

It is necessary to place the immune evasive characteristics of BA.2 into context, as it will have significant implications for the US. In the UK, despite high levels of population antibodies to SARS-CoV-2, believed to be roughly 97–99 percent from vaccinations and previous infections, the Office for National Statistics indicated that between 6–9 percent of the population tested positive for COVID-19 last week.

Following the explosion in infections in the UK, hospitalizations across England have accelerated upwards again, approaching the highs seen during the last Omicron wave when there were 14,256 admissions in one week in mid-January. After dramatically falling in February, admissions have clawed back up to 12,576. As expected, many of these patients are the elderly and most vulnerable, but there has also been a sharp rise in hospitalization among children, who remain the least vaccinated age group.

The death toll due to COVID-19 in the UK has swung upwards by 22 percent over the previous week. The seven-day average of daily new deaths has doubled since the first day of March, with 128 deaths per day.

Though population immunity in the US from previous infections and vaccinations remains considerable, vaccinations and booster uptakes have been much more stagnant, with less than 3 percent of the population receiving a booster shot in the past two months. This means that the American population can expect a more pronounced impact when the momentum from the surge accelerates.

There is a growing body of evidence of the impending BA.2 surge in the US. First, the number of sequenced cases of the BA.2 version in the US has doubled in the last two

weeks and now accounts for 34.9 percent of all new infections. In Europe, COVID-19 cases began to turn upwards when BA.2 sequences surpassed the 50 percent mark, which will likely happen by the end of next week. In New England, half of all sequenced COVID-19 infections are now BA.2.

In Boston, daily cases have jumped almost three-fold in recent days to nearly 200. Former New York City Council Member Mark Levine recently tweeted, “Manhattan is driving the current increase in cases in NYC,” where test positivity rates are soaring. The 14-day change in daily new cases in New York is up by 44 percent, the highest increase in the country. Twelve states, including six in the Northeast, have reported upward trends, despite overall decreases in population testing and a shift towards home-based rapid antigen test kits that go unreported.

Presently, the national average of daily new cases has started to rise and is now just over 30,000 COVID-19 infections per day. The last time the number of daily new cases across the US were at the current figure was in the early summer months of 2021. Numbers had plummeted to under 13,000, leading President Joe Biden to infamously declare on July 4 that the US had gained its independence from the coronavirus.

Within weeks of this short-sighted gaffe, Delta swept across the country, leading to record hospitalizations and deaths, which was then followed by the even more disastrous Omicron surge. Almost 400,000 Americans have died from COVID-19 in the last nine months, while the cumulative death toll in the US exceeded 1 million this week, according to Worldometers.

Presently, an average of 735 Americans are dying from COVID-19 each day. However, the Biden administration has squandered the time provided from the natural ebb of the BA.1 wave to put into place the necessary measures to ensure the country is prepared against future variants. Instead, the White House claims there is no more funding for pandemic preparedness, while refusing to invoke the Defense Production Act to requisition the needed supplies

and resources.

The refusal of the entire political establishment to address the pandemic will have devastating consequences for the American population.

Last week, the White House issued a fact sheet noting that without \$22.5 billion in immediate emergency funding, the government will not be able to secure sufficient booster doses. Health care providers will no longer be able to submit claims for testing, treating and vaccinating the 25 million uninsured. There is no further funding for monoclonal antibodies or antivirals once existing stockpiles are used. Programs to rapidly identify and assess emerging variants of the virus will be dismantled. The nearly 10 million immunocompromised Americans will be left in the lurch.

One source of essential data on the pandemic state that is infrequently referenced and threatened by a loss of funding is wastewater analysis of SARS-CoV-2 genetic material. Wastewater-based epidemiology for SARS-CoV-2 has proven effective and reliable and has demonstrated it can detect early surges of cases in communities, acting as an early warning of the need to implement mitigation and containment measures.

Currently, wastewater data reports from California, Texas, Louisiana, Missouri and other states have seen a rise in levels of SARS-CoV-2 genetic material in their samples, yet no significant warning is made about the dangers of another surge.

Because both asymptomatic and symptomatic individuals shed viral fragments in their feces after infection, wastewater is ideal in identifying early community outbreaks. Community outbreaks can be detected weeks before many infected individuals are diagnosed and test positivity rates begin to increase.

Under a rational plan, this would give ample time for public health officials to begin their investigation and end outbreaks before they escalate into uncontrolled community spread. Several studies have demonstrated the accuracy and feasibility of wastewater surveillance and have previously predicted the onset of new waves. However, throughout the pandemic these invaluable tools have been stymied and are not comprehensive, formalized or integrated in the pandemic response guidelines.

CDC leadership, top national public health figures and the political establishment as a whole are entirely disregarding all of these developments with BA.2. After having lifted all mitigation measures nationally during the downturn of the Omicron BA.1 surge, they are now actively downplaying the dangers posed. At most, they acknowledge the inevitability of the BA.2 wave and then minimize the risks it poses to the population with a wave of a hand and false assurances.

Earlier this week, Dr. Anthony Fauci, the White House's

chief medical advisor, told ABC's *This Week*, "The bottom line is we'll likely see an uptick in cases, as we've seen in the European countries, particularly the UK. Hopefully, we won't see a surge. I don't think we will."

Contrary to Fauci's dismissal of BA.2, SARS-CoV-2 has repeatedly been shown to be a dangerous virus. There is overwhelming evidence that infections, besides death, lead to the population's sickening.

Recent studies have demonstrated that all-cause mortality among the previously infected increases considerably even with mild COVID-19 infection. Prior infection increases the risk of developing diabetes. The effect on the brain, pulmonary and cardiovascular system will leave hundreds of thousands and potentially millions of people chronically disabled. The dangerous long-term impact is only beginning to be understood.

Fundamentally, the concerns behind allowing BA.2 to rip across the globe are not just for the immediate impact on the population's welfare, which is considerable. Viral evolution will spawn newer variants that constantly adapt to the population immunity, breeding more immune-evasive and contagious versions of themselves. Fauci's assumption that this wave will not have the same impact is not borne out by evidence. The new round of mass infection sets the conditions necessary for the following variant that will continue to endanger communities worldwide.

A COVID-19 elimination strategy remains practical and feasible, and is the only strategy that assures a permanent end to the pandemic. It will end the repeated cycle of devastation once and for all, and the lives and well-being of billions will be spared.



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