As pandemic funding dries up, BA.2 has become dominant COVID-19 variant in the US

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Daily confirmed COVID-19 infections in the US have stopped declining and plateaued as the BA.2 subvariant of the Omicron variant has come to dominate. The Centers for Disease Control and Prevention (CDC) reported that BA.2 represented nearly 55 percent of all sequenced cases in the US last week. Globally, the BA.2 accounts for close to 90 percent of all recently sequenced SARS-CoV-2 viruses.

Sixteen states have reported a rise in the 14-day average of new infections, of which nine are in the Northeast, where BA.2 makes up 70 percent of sequences and daily infections are up by 50 percent. These findings are corroborated by wastewater surveillance.

Other regions of the country also see signs of an upturn in cases. These include the Southeast, specifically South Carolina, Alabama, Florida, the Southwest, Great Plains states, and, finally, the Northwest and Alaska.

Overall, the average number of new cases is just above 29,000 infections per day. The numbers dying each day from COVID continue their decline and currently stand at an average of 750 per day. There have been almost 81.7 million COVID cases and just over one million reported COVID deaths in the US, based on the Worldometer COVID dashboard.

Despite the lull in cases, the US is in a precarious place as it has essentially dismantled all its meager mitigation measures and tracking dashboards and flying blind once more. Real-time data is speculative and reliant on whatever reporting systems remain in place.

It is crucial to remember that when BA.2 became dominant just two to three weeks ago in European countries like the UK, France, and Germany, COVID cases there turned rapidly upwards. Accompanying these changes has been a rise in hospitalizations and deaths. Additionally, these countries have substantially higher rates of vaccination and boosters than the US.

Given the projections that the US will experience a similar if not more extensive community spread than seen in Europe, then cases could quickly rise by more than tenfold if BA.1 to BA.2 peak comparisons hold. This implies that daily infections could reach above 300,000 per day at their peak by mid to late April.

The situations in the US and across many high-income countries are similar. Regardless of the political party in charge, governments have entirely disregarded the continued dangers posed by the pandemic. With each wave of infection, they have systematically, step by step, undermined their public health measures to protect the well-being and life of their populations.

In an editorial statement published by *Nature* on March 23, 2022, the journal warned, “The pandemic might have taken upwards of 18 million lives, disabled many more than that and gut-punched the global economy, yet surveillance and reporting of the virus’s movements are starting to slow just at a time when a highly infectious subvariant of Omicron, BA.2, is spilling out across the world and case rates and hospitalizations are creeping back up.”

As the statement notes, “These cutbacks are not based on evidence. They are political, and they could have disastrous consequences for the world.” Accurate information becomes a political weapon—censorship functions to disarm the working class by dismantling public health information trackers. Even the refusal by the World Health Organization (WHO) to designate BA.2 with a Greek letter signifying it as a variant of concern undermines efforts to convey the real dangers posed by the ever-evolving SARS-CoV-2 virus to the world’s population.

The frequency of reporting COVID cases, deaths, hospitalizations, critical care admissions, and length of stays has been drastically curtailed across the United States. The lack of real-time data at the local level implies that public health departments will have little to offer by way of accurate information for their health systems to act on. However, the actual state of health systems has become a moot point.

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One only must look back over the last six to eight months when the Delta and BA.1 waves swept across the US like a tsunami wave. State and local governments did little to heed or respond to the dire warnings and pleas made by health care workers and health system administrators when facing imminent collapse.

And to assure no further encroachment on US economic activities and profit incentives by future waves of infection occur, conveniently, the White House and Congress have declared that all funding for any forthcoming pandemic response has dried up despite ample monies available for war—including billions overnight for Ukraine. The lack of funding will make tracking the virus even more difficult through testing, genomic sequencing, and wastewater surveillance.

Perhaps the irony of it all is that even as the Food and Drug Administration (FDA) just authorized a second booster dose—a fourth dose—for those ages 50 and older and for immunocompromised individuals, the White House announced, "The federal government does not have adequate resources to purchase enough booster vaccine doses for all Americans, if additional doses are needed."

Given the new immune evading variants, the second boosters would bolster the immune system against what is most likely to be a broad-based community infection regardless of previous immune status. In the UK, during their current surge, upwards of 6 to 9 percent of the population became infected weekly with the BA.2 subvariant.

Peter Marks, director of the FDA Center for Biologics Evaluation and Research, reported yesterday: "Current evidence suggests some waning of *protection* over time against serious outcomes from COVID-19 in older and immunocompromised individuals. Based on an analysis of emerging data, a second booster dose of either the Pfizer-BioNTech or Moderna COVID-19 vaccine could help increase protection levels for these higher-risk individuals."

He added that "the data show that an initial booster dose is critical in helping to protect all adults from the potentially severe outcomes of COVID-19. So, those who have not received their initial booster dose are strongly encouraged to do so."

The US has barely budged above the 65 percent threshold of fully vaccinated people. On December 1, 2021, only 60 percent had been fully vaccinated. Meanwhile, only 29 percent have received a booster, of which half were administered in the last four months. By comparison, the US's counterparts in Europe have managed to nearly double this figure. Even Brazil has overtaken the US in boosters administered. These take on important context as the US faces its brunt with BA.2.

Yet, any booster shot given now would require at least two weeks before the immunity can fully establish itself. With the speed that the BA.2 spreads, even the recent jabs will have little impact on those getting their vaccines.

This makes it even more imperative to implement a Zero-COVID elimination strategy, which would include the shutdown of schools and nonessential workplaces across the country with full compensation for those affected to stem the spread of the virus and protect the most vulnerable from another assault while measures are once more put in place to vaccinate the population. Indeed, with current daily infection numbers at present low, elimination could be achieved in a few weeks.

However, the reality for the ruling elites is far from such simple, practical considerations; the protection of the population is not a factor in their calculations.

The Kaiser Family Foundation (KFF) found that the federal government did not have enough vaccine doses remaining in its current stocks under all their scenarios to fully cover the US population through a fourth dose. Even under the limited projection of providing a fourth dose to only those ages 65 and older, there would remain a deficit of 162.5 million doses. Under the FDA authorization, the deficit increases to 225 million doses.

The White House has also announced that the Health Resources and Services Administration (HRSA) COVID-19 Uninsured program would be discontinued without new funding. The program was essential to reimburse health care providers for the costs of delivering COVID-19 testing and treatment services and administering vaccines to the more than 28.9 million uninsured Americans. As of March 22, 2022, HRSA stopped accepting reimbursement claims for COVID infections, and on April 5, 2022, claims for vaccination will end.

The BA.2 variant will have real consequences for the health of the American working class and the fragile finances of many health systems that operate on razor-thin margins. Though COVID hospitalizations have dropped considerably off the BA.1 wave, health systems blind to the subsequent surge in COVID infections may face another deluge of cases over the intervening weeks. The pandemic will undergo its next deadly iteration unless the working class, which has a critical interest in its own well-being, intervenes to stamp out the virus and put it to an end.

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