

# Study finds unmitigated spread of SARS-CoV-2 in the US could lead to hundreds of thousands of deaths

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In what amounts to an about-face, after weeks of assuring Americans that all is well with COVID, endorsing the White House's wholesale dismantling of all pandemic measures, Dr. Ashish Jha, the White House COVID response coordinator, took a much more sober and cautious stance during an appearance on ABC's Sunday interview program "This Week."

He said, "You know, if you take a step back and look at the last two winters, we've had relatively large surges of infections. We're looking at a range of models, both internal and external models. And what they are predicting is that if we don't get ahead of this thing, we're going to have a lot of waning immunity, this virus continues to evolve, and we may see a pretty sizable wave of infections, hospitalizations, and deaths this fall and winter."

The apparent change in tone came after a Friday background briefing by "a senior administration official" forecasted more than 100 million possible COVID infections this fall/winter based on several modeling scenarios, according to the *Washington Post*. Experts at the briefing agreed that a significant wave could be expected under conditions of waning immunity and a return to pre-pandemic social norms.

Though no mention was made in the *Post's* report, the scant information released was, in part, consistent with reliable modeling published in March 2022 by Fractal Therapeutics. This R&D model-based drug developmental company has also turned its expertise to provide insight into the social dynamics of the pandemic.

Dr. Arijit Chakravarty, COVID researcher and CEO of Fractal Therapeutics, explained that the world had entered a dangerous phase of the pandemic. The sole

reliance on the current COVID vaccines to end the pandemic was infeasible, they warned.

In November 2021, before the emergence of Omicron, in a report published in *PLOS One*, they warned that the vaccine-only strategy, with a rapid return to pre-pandemic social norms, would promote new variants of SARS-CoV-2 that could escape immunity. They wrote, "In this work, we demonstrate that a return to pre-pandemic conditions following modestly high levels of vaccination will efficiently select for pre-existing vaccine-evading viral variants within the population, causing a high level of infection and potentially death."

Indeed, from December 1, 2021, to February 28, 2022, more than 80 million infections were estimated, based on seroprevalence studies, and more than 170,000 people died, including more than 52,000 who were previously fully vaccinated.

A report by Chakravarty et al. published on the medRxiv preprint server on March 30, 2022, was provocatively titled "Endemicity is not a victory: the unmitigated downside risks of widespread SARS-CoV-2 transmission." They wrote, "Our modeling suggests that endemic SARS-CoV-2 implies vast transmission resulting in yearly US COVID-19 death tolls numbering in the hundreds of thousands under many plausible scenarios, with even modest increases in the IFR [infection fatality rate] leading to an unsustainable mortality burden."

They noted that no evolutionary pressure favors reducing the SARS-CoV-2's virulence. A Harvard-based study has recently corroborated that, intrinsically, Omicron remains as severe as previous variants of concern. The US could expect 50 million to 100 million

COVID cases per year, under various scenarios, for years to come. And if vaccine protection against infection declined to 50 percent, this “would result in a staggering infection burden approaching 300 million US infections annually,” meaning almost the entire US population could expect to become infected every year.

Under the assumption that vaccine efficacy against mortality remains at 90 percent under all scenarios, using (1) the best estimate of reproductive number (R0) of 5 [the Ancestral strain was 2.5 and Omicron is over 10]; (2) 70 percent vaccination rates in the population [the US is 66 percent fully vaccinated]; (3) a 50 percent infection reduction risk with vaccines; and (4) “best estimate parameters for IFR, the model predicts approximately 420,000 US COVID-19 deaths annually.” They stated that under many of their scenarios, COVID could become the leading cause of death in the US.

The report added, “The high level of endemic disease propagation will prove challenging for healthcare systems to manage effectively, jeopardizing the ability of healthcare professionals to detect disease when it is most tractable to antivirals, identify patients at risk for severe outcomes, and optimally distribute treatment. ... Overly optimistic predictions about the ending of the ongoing pandemic have tremendously complicated the public health response to the crisis.”

They warned that the SARS-CoV-2 virus could become more virulent through improved transmission by increasing its viral load and improving its “innate” immune evasion characteristics, leading to a higher burden of severe disease despite previous infections and vaccines.

In a statement on their COVID research, Fractal Therapeutics warned, “From early on in the pandemic, we identified three major challenges. 1. That SARS-CoV-2 was likely to evolve quickly in response to spike-targeting antibodies. 2. That rapidly waning natural and vaccinal immunity meant that vaccines alone could not control the disease. 3. That individually rational choices (refusal to mitigate SARS-CoV-2 spread) would lead to a high disease burden in society.” Additionally, they predicted school reopening would lead to widespread disease transmission.

Indeed, these hair-raising estimates seem to have staggered the Biden administration, which has been keen on bringing the pandemic and all the measures

that mitigate against infection to an end. Any attempt to reinstitute mask mandates, restricting the size of social gatherings, going back to online classes, or limiting the operation of large public venues would lead to severe economic repercussions on Wall Street and a political maelstrom. But not heeding the advice of principled public health officials means death on the scale seen in previous surges, leading to the complete disintegration of the health system and provoking mass rebellions of health care workers.

Jha’s attempt to shift the blame for the exhaustion of pandemic funding onto the backs of Republicans is another diversion. There has been a bipartisan effort to place the needs of the financial markets ahead of human life throughout the pandemic. Vaccination rates are on the decline, and funding has essentially dried up for testing. States across the country have dismantled their COVID dashboards. The CDC metrics camouflage the actual dangers posed by the circulating strains of Omicron, ensuring the country is flying blind into another pandemic storm.

Not once has Jha or his master Biden taken responsibility for the current state of affairs, which is set to see the third year of the pandemic horrifically unrelenting in its assault. The policies of both capitalist parties have provided the virus leeway to mutate into evermore dangerous versions, killing more than 1 million in the US alone and more than 15 million across the globe.

However, experience has shown that the virus can be defeated. Even within the limited confines of the Chinese authoritarian bureaucracy, Zero-COVID has proven that even Omicron can be checked. All attempts to argue against an elimination strategy are based on short-sighted and reactionary economic interests. The slogan of the working class must raise these demands: No to the pandemic, no to war!



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