

Australia surges past seven million COVID-19 infections, 8,000 deaths

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The official infection total across Australia has soared past seven million, with more than 995,000 cases recorded in the last three weeks. Australia has now registered a total of 8,264 COVID-19 deaths.

More than 290 people died from the virus in the past week alone, an average of almost 42 per day. An additional 47 “historic” deaths were reported in Victoria yesterday.

An average of more than 46,000 new infections are recorded each day and there are currently over 340,000 active cases across the country, higher than on all but 76 days of the pandemic.

There is a vast chasm between this objective reality and the lies promoted by the entire political establishment that the pandemic is over. This was a striking feature of the recent election campaign, in which COVID-19 barely rated a mention, because all the parliamentary parties are in total agreement with the homicidal “let it rip” program demanded by big business.

Labor was silent on the pandemic during the campaign despite the infection of leader Anthony Albanese and numerous senior party members and mass opposition to outgoing prime minister Scott Morrison over his government’s handling of the crisis. This, along with the critical role of state Labor governments in spearheading the reopening drive responsible for almost 6,000 deaths this year alone, makes clear that the newly elected government will do nothing to stem the tide of mass infection, illness and death.

Despite the efforts of the parliamentary parties to keep COVID-19 off the official campaign agenda, the impact of mass infection was undeniable. Less than 24 hours before polling day, the Australian Electoral Commission (AEC) and the federal government were compelled to expand phone voting eligibility after public opposition to the possible disenfranchisement of hundreds of thousands of people who had tested positive in the week before the

election.

The AEC also reported staff shortages of up to 15 percent due to COVID-19 infection, forcing reduced operating hours at many polling stations. Days before the election, it was unclear whether dozens of booths in regional areas would operate at all.

The record-high rate of pre-poll and postal voting, which together made up more than half the vote, reflected widespread concern among workers that the election, held under conditions where masking requirements and capacity limits have been abolished across the country, would be a national “superspreader” event.

The current situation is particularly stark in Western Australia (WA), the last state to adopt the “let it rip” strategy. On Saturday, there were 91,162 active COVID-19 cases in WA, more than 3 percent of the state’s population. Since the WA Labor government reopened the border on March 3, the state has recorded over 660,000 infections. All but 11 of the 222 COVID-19 deaths recorded in WA since the start of the pandemic have occurred since the reopening.

Australia’s infection figures, among the highest recorded in the country at any stage of the pandemic, likely reflect only a fraction of the true rate, due to the dismantling of organised COVID-19 testing, including the abandonment of regular surveillance tests in schools and workplaces.

As in Australia, capitalist governments around the world, with the exception of China, have increasingly moved to shut down testing and suppress reporting of infection numbers. As a result, only limited conclusions can be drawn from international comparisons.

Nevertheless, the fact that Australia consistently appears among the ten countries with the highest official weekly case numbers, according to Worldometer, reflects the devastating impact of the bipartisan adoption by Australian governments of the “let it rip” agenda.

Worldometer also lists Australia as having the world's 11th-highest COVID-19 death toll over the past seven days.

The COVID-19 surge continues as scientists and health authorities warn that this year's flu season promises to be among the worst in recent memory. In New South Wales (NSW), almost 12,000 people have tested positive for influenza this month, four times the figure recorded in April.

Across the state, 150 people were admitted to hospital with influenza last week. With health systems already in crisis due to COVID-19, the additional impact of widespread influenza threatens to catastrophically overwhelm the country's hospitals.

The dangers are demonstrated by the breakdown of healthcare during the Omicron wave that began in December. According to Australian Bureau of Statistics (ABS) mortality figures, the country recorded 5,052 more deaths than average—a 20.5 percent increase—in the first two months of 2022.

Already, almost 2,400 health workers in NSW and more than 3,500 in WA are unable to work due to COVID-19 infection or exposure.

Also adding to the mounting crisis is the low rate of COVID-19 “booster” vaccination. State, territory and federal governments and health authorities continue to downplay the threat of the virus and proclaim it a thing of the past, partly as a result of Australia's high initial vaccination rate. However, this campaign of lies has contributed to a slow take-up of third doses. Just 53 percent of the population have received a third dose, although 70 percent of second doses were administered more than six months ago, meaning a growing number of “fully-vaccinated” people have little or no protection from serious illness and death.

A survey conducted by the ABS in late April found that 62 percent of respondents across the country reported that a member of their household had taken a COVID-19 test in the previous four weeks, up from 46 percent in March and 47 percent in February. Of those who said a household member had taken a test, 23 percent reported a positive result, up from 14 percent in March and 17 percent in February.

In other words, around 14 percent of households surveyed reported positive COVID-19 tests. Given the propensity of the virus to spread throughout homes, this would indicate that *at least* 1.5 million and up to 3.6 million people tested positive to COVID-19 during the four-week period.

One third of surveyed households with children reported that attendance at school, preschool or childcare was affected by COVID-19 in April, up from 23 percent the previous month. Almost half of these households said that this was because the child had tested positive for COVID-19.

Of the 18 percent of respondents that reported a household member's job situation had changed due to COVID-19, 32 percent said that this was because the worker had contracted the virus, up from 13 percent in March. By contrast, the number who reported changed work circumstances because they were a close contact or because colleagues were absent remained at similar levels to the previous month.

This exposes the false and dangerous character of the slashing of close contact rules in schools, workplaces and the broader community, carried out in recent months by all state, territory and federal governments, Labor and Liberal-National alike. These anti-scientific measures, eagerly enforced by the unions, were taken in response to the assertions of employers that healthy workers were being forced to stay at home by overzealous isolation rules.

Far from resolving the labour shortage, the herding back of possibly infectious workers and children has only deepened the crisis by massively increasing the spread of the virus.

Contrary to the criminal mantra of the ruling elite, ordinary people in Australia and globally cannot “live with the virus.” COVID-19 can and must be eliminated, but this requires that the international working class take matters into its own hands.

The Socialist Equality Party urges workers to form independent rank-and-file committees in every workplace, school, hospital and community to implement the necessary public health measures to halt transmission of the virus. Workers, not management, must decide what is safe. This includes the provision of free N95 masks and PCR tests, the reintroduction of scientifically based testing, tracing, isolation and quarantine measures, as well as lockdowns—with full compensation to affected workers—in areas of high infection.



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