COVID denial vs. reality: The growing threat of Omicron subvariants

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Contrary to the relentless propaganda from the political establishment and corporate media of nearly every country, the COVID-19 pandemic is not over and will worsen in the coming weeks and months.

The highly infectious, vaccine-resistant and pathogenic Omicron BA.4 and BA.5 subvariants are quickly becoming dominant globally and threaten another surge of infections and deaths from COVID-19. This is taking place under conditions in which almost every world government outside of China has dismantled the infrastructure that had been in place to track and slow the spread of the virus.

In a process analogous to the captain of a sinking ship demanding that all life vests be thrown overboard, since the start of this year mask mandates have been lifted, testing drastically curtailed, contact tracing programs scrapped, and guidelines on isolation, quarantine and travel have been tailored to suit the needs of the major corporations. The ruling elite’s motto has become “Hear no COVID, see no COVID, and do nothing.”

There is now an incredible chasm between this fictional world of corporate myth-making, where COVID-19 is supposedly gone, and the real world, where millions of people are infected and thousands die globally each week and an untold number become debilitated by Long COVID. This conspiracy of world governments and the media has degenerated into a massive cover-up, involving systematic efforts to manipulate data and stop reporting on COVID-19. Tragically, the propaganda has misled millions of people to now walk around without masks, as if the virus can simply be wished away.

The criminal policies implemented by capitalist governments over the past seven months have set the stage for COVID-19 to become a permanent feature of global society, with recurring waves of infections, deaths and mass debilitation from Long COVID to be accepted as the “new normal.” It has become nearly impossible to prevent infection, and many of our readers likely know multiple friends, family members, coworkers or neighbors who are presently suffering or have died from COVID-19.

To put the pandemic in perspective, it is even more terrible than the school shootings that have provoked such immense outrage in the US and internationally. While this goes unreported in the media, it is a fact that far more young people are dying of COVID-19 than die from school shootings.

Outrage was felt over the horrific massacre in Uvalde, Texas, where police stood by and did nothing. But the same basic policy is being conducted on a mass scale by world governments and health officials, as they have consciously implemented school reopening policies that have infected hundreds of millions of children with COVID-19 globally, killing over 1,500 children in the US and tens of thousands internationally.

In order to stop this deepening catastrophe, the international working class must assimilate the political lessons of the pandemic and understand the ongoing dangers posed. Only through the development of a unified mass movement of workers in every industry will it be possible to eliminate SARS-CoV-2 globally, stop the pandemic and lay the foundations for a vast expansion of public health.

The dangers of the Omicron BA.4 and BA.5 subvariants

There are now five Omicron subvariants which have become dominant in different countries around the world since last November. Since late December, the BA.1 and BA.2 subvariants have caused an estimated 3.6 million excess deaths worldwide, according to The Economist.

In early March, the Omicron BA.4 and BA.5 subvariants quickly became dominant in South Africa, causing another wave of infections and deaths despite the fact that 98 percent of the population had antibodies from infections or vaccinations. Significantly, a higher percentage of children than elderly people were hospitalized during this surge.

The Omicron BA.4 and BA.5 subvariants are either dominant or becoming dominant in nearly every country that tracks variant prevalence, including throughout Europe, North America and Australia, as well as many countries in South America, Africa and Asia. This takes place under conditions where global vaccination rates have plateaued and antibodies have waned for the majority of the world’s population.

A recent study from the Sato Lab in Japan, one of the top virology labs in the world, found that BA.4 and BA.5 are more pathogenic than BA.1 and BA.2, and that vaccinations or previous infections with BA.1 or BA.2 provide very little protection against infection from BA.4 or BA.5. The implication is that most of the billions of people who were just infected with BA.1 or BA.2 are now susceptible to reinfection with BA.4 or BA.5 and that these reinfections will likely be more severe.

Last month, BA.5 became dominant in Portugal and has caused a large wave of infections, hospitalizations and deaths nearing the level from BA.1 over the winter, despite the fact that Portugal has one of the highest vaccination rates in the world. Test positivity rates are now above 50 percent, indicating ongoing widespread transmission far above official figures.

One cannot predict precisely how many people will be infected or die from a given variant, but it is very likely that BA.4 and BA.5 will cause a substantial wave of infections and deaths throughout much of the world in the coming months. The general trend continues that more genetically diverse and dangerous variants are evolving, and the potential always exists that a new variant could evolve that retains the transmissibility and immune-escape capabilities of the Omicron subvariants while being far more pathogenic and lethal.

Long COVID and the pandemic as a “mass disabling event”
Beyond the horrific immediate impact of mass infections and deaths, the long-term health ramifications of the “endemic” strategy are nearly incalculable. The phenomenon of Long COVID was identified by patients over two years ago but has been almost entirely ignored by the corporate media and capitalist politicians. As with the science of the pandemic more broadly, there remains very little understanding in the general population of the profound societal risks posed by Long COVID.

Since 2020, Long COVID advocates have aptly characterized the pandemic as a “mass disabling event.” In recent months, research into Long COVID has expanded, firmly linking COVID-19 infection to increased risk of damage to nearly every organ in the body, as well as to risks of developing diabetes, several types of neurological disorders, several categories of cardiovascular disease and more.

The risks for developing Long COVID are compounded with each reinfection and only slightly reduced by vaccination. Extrapolating on this in an interview with the World Socialist Web Site, scientist Arijit Chakravarty of Fractal Therapeutics noted, “If the whole world was vaccinated tomorrow, and we spent just three years ‘learning to live with COVID’ under the current strategy, we could well have over a billion people living with Long COVID.”

The initial societal impacts of this “mass disabling event” can be seen in a study from the Solve Long COVID Initiative, which estimates that through January 31, 2022, roughly 43 million adult Americans, or 13.4 percent of the adult population, were likely suffering from Long COVID. Of these, roughly 14 million were estimated to have debilitating Long COVID. They estimate that the total financial burden, including lost wages, lost savings and medical expenses, was roughly $511 billion. These estimates do not include Long COVID cases that have developed during the Omicron period.

The qualitative impacts of this scenario, including patients’ ability to function at work and enjoy leisure time, are unquantifiable. For more than two years, the U.S. Centers for Disease Control and Prevention (CDC) and other national health agencies have been fully aware of Long COVID and the enormous dangers it poses. Nevertheless, they have consciously chosen to pursue strategies of mass infection.

China’s Zero-COVID policy and the strategy of global elimination

The only country in the world which has maintained public health measures to prevent COVID-19 from running rampant is China, where a Zero-COVID policy has saved millions of lives since January 2020. Most recently, Chinese society defeated the Omicron BA.2 subvariant, which ripped through Shanghai and other parts of the country beginning in early March.

The key components of the Zero-COVID elimination strategy are the following:
• Mass testing wherever outbreaks occur;
• Rigorous contact tracing to identify all chains of transmission;
• Safe isolation and treatment of all infected patients in medical facilities;
• Quarantining of all people exposed to infected patients;
• The temporary closure of all nonessential workplaces and switch to remote learning at all schools until the outbreak is contained;
• The provision and mandating of masks in all public places;
• Mass vaccination programs; and
• Strict travel restrictions and border management to prevent the importing of new cases.

The fact that China suppressed the highly infectious Omicron BA.2 subvariant using these basic public health measures reaffirms in practice that elimination is both possible and necessary. If the above measures were implemented on a world scale, combined with the improvement of filtration and ventilation systems in all indoor spaces, SARS-CoV-2 could be eliminated globally in a matter of months.

Intranasal vaccines, which could potentially provide sterilizing immunity to fully prevent COVID-19 infection, could become another weapon in the arsenal of measures to stop the pandemic. Three of these vaccines are now in Phase 3 human trials. But if they are successful, they will be subordinated to the same profit interests that have prevented the global distribution of existing mRNA and other vaccines.

The elimination strategy must also be adopted to stamp out the unprecedented global outbreak of monkeypox, which has rapidly infected over 1,600 people in more than 40 countries throughout the world, as well as future pandemics. A major study published in April found that climate change will dramatically increase the potential for viruses that already exist among animal populations to spill over into human populations, as happened with SARS-CoV-2 and other viruses.

The fight to eliminate SARS-CoV-2 globally requires a massive social and political struggle of the international working class. Fundamentally, the fight against the pandemic and for public health is not simply a medical question but primarily a political, social and economic issue. Powerful financial interests are determined to block the implementation of paid lockdowns and all other measures necessary to stop viral transmission because this would impinge on their record profit-making.

Masses of workers throughout the world have been deeply impacted by the pandemic and a profound radicalization has taken place. In every country, workers are entering into struggle against the soaring cost of living and rising food prices, which were precipitated by the pandemic and exacerbated by the US-NATO war drive against Russia. In addition to the threat of infection, depletion and death from COVID-19, hundreds of millions are now threatened with destitution and starvation on every continent, while the ever-present danger of nuclear holocaust looms over mankind.

The growing class struggle against capitalist austerity must be infused with a deep-going antiwar sentiment and an understanding of the measures necessary to stop the pandemic. The experience of the past two years and, in particular, the past seven months of the Omicron variant and the outbreak of the war in Ukraine prove decisively that the fight against the pandemic, war and the anarchy of the capitalist system requires its revolutionary overthrow and replacement with a planned world socialist society.

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