

# Australian COVID-19 death toll passes 12,500 as monkeypox concerns grow

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As COVID-19 infections and hospitalisations continue to mount, the official death toll has now surpassed 12,500. Hundreds more people are dying every single week.

Australian hospitals remain under enormous strain, with over 4,350 COVID-19 hospitalisations across the country and thousands of healthcare workers furloughed. This includes up to 2,000 hospital staff furloughed each day in Victoria, close to 1,000 WA health staff and more than 2,600 health workers in NSW. In addition, there are over 2,000 active COVID-19 cases among staff in residential aged care facilities.

The spread of the BA.4 and BA.5 variants, nearly as contagious as measles and extremely immune-evasive, and the continued infection and reinfection of the population, is the direct result of official policies. Governments, state and federal, Labor and Liberal-National alike, have allowed the virus to circulate endlessly since the removal of public health measures from December last year.

The rolling 7-day average for new infections continues to be above 30,000, under conditions where testing and contact tracing have been dismantled. More than 9.6 million total infections have been recorded, including tens of thousands of reinfections. Recent analysis of reinfection data from NSW Health showed that more than 20,000 people in NSW who had COVID-19 in January were reinfected within five months.

Despite claims by the media and some government health officials that the Omicron winter wave is approaching its “peak,” in reality, every week since January 8 this year the death toll has been above the highest “peaks” seen throughout 2020 and 2021.

A recent analysis by the Actuaries Institute has found that COVID-19 was the third-leading cause of death in Australia based on deaths from January to July, killing more than cardiovascular disease or lung cancer.

Since January 1 this year, the number of patients hospitalised each day with COVID-19 has been above 1,600. Even the lowest number of hospitalisations this year, recorded in March, was still above the highest number of hospitalisations recorded over the past two years of the pandemic.

The virus is being allowed to spread throughout the country at a time in which vaccination rates are falling, as a result of the persistent campaign by governments and the media to

downplay the severity of COVID-19. The immunity gained from previous vaccinations is also fading.

Just 71.4 percent of the population aged over 16 has received a third dose of a COVID-19 vaccine, and 37.1 percent of the eligible population aged 30 and over have had a fourth booster shot. Until July, the fourth booster was limited to those over 65 years of age and those with underlying health conditions.

The pandemic has hit hardest among the most disadvantaged sections of the working class. A recent Australian Bureau of Statistics report on the demographics of those who have died of COVID show the people living in the least disadvantaged areas (quintile 5) had the lowest numbers of deaths due to COVID-19. The number of people who died due to COVID was around 3 times higher among those in the most disadvantaged quintile than those in the least disadvantaged.

Immigrants to Australia have died from COVID-19 at more than two times the rate of people born in the country (15.6 deaths per 100,000 people versus 7.6 deaths). Those born in the Middle East had the highest age-standardised death rate at 46.9 deaths per 100,000 people.

The same report found that at least 60 deaths in Australia were due to Long COVID, raising the long-term consequences of COVID-19 infections. It is estimated that some 10-30 percent of COVID-19 infections will develop Long COVID, which can affect nearly every organ in the body.

These figures are a reflection of the conscious and bipartisan policy, enforced by both Labor and Liberal-National governments, to impose the burden of the pandemic on the working class for the benefit of the financial elite. Workers have been forced back into unsafe workplaces, including schools, to be exposed to COVID without adequate PPE or other measures to prevent the transmission of the virus.

In Victoria, state Labor Premier Daniel Andrews announced Tuesday that 3.5 million N95 and KN95 masks would be handed out at railway stations, and that boxes of 10 masks would be handed out over the next four to six weeks to anyone visiting a state-run COVID-19 testing site.

Whilst N95 masks or better are necessary to deal with COVID, an airborne pathogen, the number of masks is barely enough for one mask each for half the state's population and N95s, like surgical masks, are not normally meant to be reused.

Moreover, the government has refused to reinstate mask mandates in indoor settings, despite health advice to do so. Instead it has adopted the demands of business, which oppose such mandates because of their impact on profit-making activity, including retail shopping. The mask distribution is thus a cosmetic attempt to cover-up the refusal of the government to take the scientifically-grounded measures required to end transmission.

While the use of well-fitted N95 or better masks or elastomeric respirators is among the most important tools to fight the pandemic, official government websites still recommend the use of surgical masks and even cloth masks as PPE, despite the fact that they are not appropriate for preventing airborne transmission.

At the same time, the few remaining measures against COVID continue to be wound back. In Western Australia, the state Labor government announced Tuesday that hospitals will scale back their COVID-19 screening protocols.

Testing requirements are being removed for patients presenting at emergency departments who are asymptomatic and for most asymptomatic visitors. Healthcare workers, who had been required to wear N95-style masks across all clinical areas, now only need to do so when “caring for vulnerable patients or working in high-risk areas.” Inadequate surgical masks are instead going to be required, exposing health workers to infection.

The rollback of these basic infection control measures is being accompanied by a barrage of propaganda, claiming that the winter surge has reached a “peak.” Given the dismantling of the testing system, these assertions are based on no evidence whatsoever.

The abandonment of all efforts to stop the COVID-19 pandemic and the demand that society must “live with the virus,” has set the stage for the disastrous response to all infectious diseases. Amid the deepening COVID-19 crisis, cases of monkeypox are surging around the globe, and there are now 58 confirmed cases in Australia, including more than 30 cases in NSW, with some of these occurring through community spread.

Despite global outbreaks of monkeypox detected as early as May and the now more than 26,000 cases recorded around the world, it was only last week that federal Labor Health Minister Mark Butler announced the arrival of just 22,000 doses of a third-generation monkeypox vaccine.

Initial doses are being rolled out to high-risk groups, in particular men who have sex with men, however, this has been accompanied by the portrayal of monkeypox by the corporate media and government as affecting only this demographic, implying that it is a sexually transmitted infection (STI).

NSW Health director of health protection, Jeremy McAnulty, said on the roll-out of the vaccines that, “Most people are not at risk from monkeypox,” and that “to be infected you typically need close skin-to-skin contact.”

McAnulty’s false claims, which amount to medical misinformation, were refuted by Royal Australian College of General Practitioners rural chair Michael Clements. In comments to the media, he stated: “Please remember that anyone can contract monkeypox and it is not a sexually transmitted disease. This is just a virus, and we need to deal with monkeypox without stigma or unhelpful commentary.”

As Clements indicated, monkeypox is an infectious disease which threatens all of society. The virus can spread through aerosols, droplets and fomites, with the dominant mode of transmission believed to be skin-to-skin contact and respiratory droplets. The infection period can last over a month, including before the onset of lesions, and requires isolation throughout this time period after confirmed exposure.

Whilst most cases remain among men who have sex with men, there are a growing number of infections among women around the world, as well as children and young people. At least 8 infections among children have been recorded in the US. Moreover, so far testing has predominantly been among men sexually active with other men within nearly every non-endemic country, and there has not been a program of contact tracing and testing to determine the extent of the spread of the virus.

It is clear that the approach by the federal Labor government to the threat posed by monkeypox and the vaccine roll-out will be no different to the slow, inadequate roll-out of the COVID-19 vaccine under the Liberal-National government.

The government’s deliberate policy of mass infection and death from COVID-19, and the threat of other infectious diseases, underscores the global failure of capitalism, a social system that prioritises profit over human life.



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