

Japan and the state of the COVID pandemic: Lessons from the BA.5 surge

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Considering the forever-COVID policy being adopted by almost every major industrial country across the globe, the World Health Organization's (WHO) Director-General Tedros Adhanom Ghebreyesus repeated his warning at last week's press brief, stating, "We're all tired of this virus and tired of the pandemic, but the virus is not tired of us."

The financial oligarchs and their political lackeys have essentially abrogated all mitigation measures against the continued spread of COVID. They have forced their populations to accept the SARS-CoV-2 virus as a permanent fixture of daily life.

Approaching the end of the third year of the COVID pandemic, there have been close to 600 million infections reported, with almost 6.5 million deaths. However, the global excess deaths are fast approaching 23 million or 3.6 times higher than official figures.

Though global infection rates are projected officially at around 650,000 per day, current estimates from the Institute for Health Metrics and Evaluation (IHME) are closer to 13.3 million per day, 20 times as high, underscoring the lack of testing and reporting that has become part and parcel of the efforts to conceal all relevant metrics—and dangers—from the working class.

Figure 1: Seven-day average COVID infections per capita Japan, South Korea, Australia, and the US from January 1 to August 22, 2022. Source Our World in Data.

The WHO director-general added that weekly COVID deaths over the last month had reached 15,000, a figure "completely unacceptable when we have all the tools to prevent infections and save lives." Given the changes in reporting criteria and database dismantling, it is not surprising that excess deaths, according to the *Economist's* modeling, are running five to six times higher than official figures.

Nonetheless, accepting these conservative *official* estimates would mean around three-quarter million people will succumb to COVID annually. Placing this figure into context by comparing it to HIV, global annual deaths from HIV are presently about 680,000, and in the last four decades, it has killed 40.1 million people. When weighed against another deadly contemporary pathogen, COVID is not mild by any yardstick.

This makes Japan's case illustrative of the dangers posed by the current deadly policies that have been adopted to ensure national economies remain unfettered by any public health concerns.

A country of almost 125 million people, Japan had been lauded by the mainstream press for handling the pandemic. However, it is facing its harshest wave of infections and deaths with the highly contagious BA.5 subvariant of the Omicron, despite 80 percent of its population being fully vaccinated and two-thirds of all its citizens (nearly 90 percent of seniors), having received their booster shots. It holds the dubious distinction of being the epicenter of the COVID pandemic for the moment, along with South Korea and Australia.

Japan has reported more than 17 million COVID cases, up from only 1.7 million on January 1, 2022. With over 37,000 COVID deaths to date, more than half of these deaths occurred during the Omicron phase of the pandemic. The seven-day average of fatalities is currently at a pandemic high of 266 per day, which translates to over 700 per day compared to a country the size of the United States, where the COVID death rate is currently 500 a day. However, excess deaths estimates for 2020-21 had placed the figure at five times above reported COVID deaths, implying the current figures are gross underestimates.

On August 19, 2022, the country reported its highest single-day number of infections at close to 261,000. Since the beginning of the month, the seven-day average of cases had consistently remained over 200,000 per day, far outpacing its previous peak of nearly 100,000 infections per day in early February when the original Omicron variant, BA.1, washed over the country.

As in other countries, when faced with a deluge of infections, the Japanese press notes that ambulances transporting patients to health facilities struggle to find hospitals that can admit them. In turn, this is leading to delays in responding to urgent calls for medical assistance.

Meanwhile, health systems are buckling under the pressure of tending to these patients as they deal with staffing and supply shortages that further complicate the overall health delivery so critical to the functioning of society. According to *Japan Times*, 15 of 47 prefectures have seen COVID occupancy rates

reach over 50 percent. Kanagawa prefecture, a highly urbanized and populated region south of Tokyo, has the highest rate at 71 percent.

The *Japan Times* wrote, “Even when beds for COVID-19 patients are open, the seventh wave is affecting the health system more generally due to staff shortages caused by workers recovering from the disease or needing to isolate, experts say. As of Monday, Fukuoka University Hospital had closed two wards, as 120 of the 1,900 medical staff were either infected or deemed close contacts.”

Shigeru Omi, the president of the Japan Community Health Care Organization and the head of the government’s COVID-19 expert panel, told reporters in Tokyo, “People who could have visited fever clinics are now calling ambulances because the clinics aren’t able to accommodate them.” Dr. Hiroki Ohashi, vice president of the Japan Primary Care Association, added, “We need to work on increasing the number of fever clinics, but at the same time, we would also like every citizen to help us overcome this crunch in the medical system by recuperating at home first, as most cases of the Omicron variant present symptoms similar to that of the flu.”

Meanwhile, infected elderly patients in nursing homes or extended care facilities cannot be transferred to overcrowded hospitals. Dr. Hideki Yamazaki, a psychiatrist and director of Seizankai, a corporation that runs dozens of nursing homes and facilities for the elderly with dementia, told the *Times* that the patients are “trapped.” He said, “Every nursing care home is working very hard to keep infections at bay, but it’s impossible to prevent all cases from entering the facility. Elderly people who get infected should be moved to hospitals ... now such facilities are too crowded to take in infected elderly. So, now we have had no option but to continue taking care of them.”

Yet the government has pledged it wouldn’t impose restrictions on business or people’s movement. In fact, at the height of the current surge, the government added insult to injury when it announced it was planning to scrap its entry requirements for travelers. Meanwhile, Prime Minister Fumio Kishida is isolated and working from home after contracting COVID during a week-long vacation, like his counterpart, President Joe Biden.

After winning a second-round vote against Taro Kono and replacing Yoshihide Suga last September as prime minister, Kishida vowed he would bring COVID to an end. Instead, his government ended pandemic restrictions in March. As Bloomberg recently, “The world’s third largest economy recovered to its pre-pandemic size in the second quarter, as consumer spending picked up following the end of coronavirus curbs on businesses.” Yet, inflationary pressures continue to haunt Kishida’s leadership which has seen his approval rating plunge from a month ago.

Figure 2: Seven-day average COVID deaths per capita for Japan, South Korea, Australia, and the US from January 1 to

August 22, 2022. Source Our World in Data.

Like the US, UK, and the EU, Japan is shifting to a vaccine-only strategy by promoting the latest bivalent COVID vaccine boosters. The UK approved Moderna’s bivalent booster jab last week, though it is formulated to deliver the spike protein equivalent of the original and BA.1 strain, combined. The US has asked the two mRNA COVID vaccine manufacturing giants, Pfizer and Moderna, to concoct a bivalent jab tailored to the BA.5 subvariant despite the lack of any clinical data to inform this decision.

As Dr. Paul Offit, a pediatric infectious disease specialist and the director of the vaccine education center at Children’s Hospital of Philadelphia, observed after the June 28, 2022, virtual FDA advisory committee meeting about updating COVID-19 vaccines, “It is not reasonable to assume that data generated for an Omicron BA.1 vaccine can easily be extrapolated to BA.4 and BA.5. These new Omicron subvariants are highly transmissible. Therefore, they will require a very high level of neutralizing antibodies present at the time of exposure to prevent symptomatic infection.” Given that the BA.1 component of the vaccine only offered a modest rise in neutralizing antibodies, he added, “Why would we think using BA.4 and BA.5 would be any different?”

As many are waiting in the wings, BA.4 and BA.5 are not the last subvariants. However, as the sequencing of these new variants has plummeted, scientists, researchers, and public health experts are entering the fourth year of the pandemic, blind to the developments with the coronavirus.

The experience in Japan only highlights that previous immunity, high levels of vaccination, and reliance on bivalent vaccines offer little in attenuating the number of infections and the continued high number of deaths the world is experiencing.

As the director-general noted, in a warning echoed last year and the year before that, “With colder weather approaching in the northern hemisphere and people spending more time indoors, the risks for more intense transmission and hospitalization will only increase in the coming months, not only for COVID-19 but for other diseases, including influenza.” This has significant implications as the US and EU, as well as northeast Asia, enter the fall and winter months, and schools return to in-class instruction.



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