

Fall surge of COVID-19 begins across Northern Europe

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30 September 2022

Based on early reports from northern European countries, including Belgium and Denmark, which continue to maintain some semblance of COVID-19 monitoring and reporting, the next wave of COVID-19 infections, hospitalizations and deaths has begun across the European Union.

“We are clearly at the start of a winter [COVID-19] wave!” said Karl Lauterbach, Germany’s federal minister of health, during a press briefing yesterday. In the last 24 hours, Germany has reported over 96,000 new COVID-19 cases, up from 58,000 on September 29 and a more than three-fold jump in cases from three weeks ago. New COVID-19 infections are also up two-fold in France, Denmark and Belgium over a similar period.

Meanwhile, hospital admissions for COVID-19 have suddenly accelerated in the UK, up 48 percent from the preceding week. Mary Ramsay, director of public health programs at the UK Health Security Agency, told *Politico*, “It is clear now that we are seeing an increase which could signal the start of the anticipated winter wave of COVID-19. Cases have started to climb, and hospitalizations are increasing in the oldest age groups.”

These concerns are compounded by the threat posed by the H3N2 flu strain expected to spread throughout the Northern Hemisphere this winter. These parallel surges of infectious disease will be exacerbated by the economic crisis that has seen fuel and food prices skyrocket, driving people indoors in an attempt to stave off the bitterly cold temperatures.

Susan Hopkins, the chief medical advisor at the UK Health Security Agency, noted that “the H3N2 flu strain can cause particularly severe illness... Flu and COVID-19 are unpredictable, but there are strong indications we could be facing the threat of widely circulating flu, lower levels of natural immunity due to less exposure over the last three winters and an increase in COVID-19 circulating with lots of variants that can evade the immune response.”

Across the globe, new COVID-19 infections have turned upwards once again after the Omicron BA.5 surge steadily declined since the end of July. The official global seven-day

average of daily new infections now stands at 446,625, up slightly from a low point reached on Wednesday. Due to a severe lack of testing globally, the Institute for Health Metrics and Evaluation (IHME) estimates that the real number of daily new cases globally now stands at roughly 17,236,000, and that by New Year’s Day this will increase nearly three-fold to 45 million daily new cases globally. Their projections forecast that the real number of daily new deaths from COVID-19 will reach 5,000 by then.

Given the recent declarations by US President Joe Biden that “the pandemic is over,” a purely political slogan that attempts to chloroform the population and reassure the financial oligarchy that no future interventions will disrupt the economy again, it bears giving an accounting of the devastation wrought by ruling elites’ murderous policies.

In the last nine months of 2020, there were officially 83 million COVID-19 infections and 1.9 million deaths globally (or 210,000 per month). In 2021, amid the rollout of COVID-19 vaccines, 206 million more people were officially infected and another 3.6 million officially died (at a rate of 300,000 per month). In 2022, the third year of the pandemic, there have been 411 million more reported COVID-19 infections and another 1.1 million deaths, a rate of 120,000 deaths per month.

Meanwhile, as the Biden administration and other world governments half-heartedly attempt to distribute bivalent vaccines that offer some additional protection against the Omicron BA.5 subvariant, even more infectious and immune-evading variants are emerging, with BQ.1, BA.2.75.2 and BA.2.3.20 among the most concerning to experts. It is clear that in 2023, COVID-19 will remain a formidable public health challenge to which capitalism not only has no response, but to which the ruling elites willfully sacrifice masses of workers throughout the world.

Viral evolution expert Dr. Cornelius Roemer of the University of Basel, Switzerland recently told the journal *Science*, “We can say with certainty that something is coming. Probably multiple things are coming.” Molecular epidemiologist Dr. Emma Hodcroft of the University of

Bern added, “It’s not surprising that we’re seeing changes that yet again help the virus to evade immune responses.”

Pandemic expert Dr. Michael Osterholm recently made similar remarks, stating, “This is not the same virus we dealt with back in January of 2020. It’s evolved every time we put pressure on it. We get more immunity in people, and it finds a way to get around immunity. Then it gets more infectious.”

While official deaths from COVID-19 stand at 6.54 million globally, the central estimate for excess deaths by the *Economist* has reached 22.4 million, or 3.4 times the official tally.

Dr. Ziyad Al-Aly, a nephrologist and researcher at Washington University School of Medicine in St. Louis, recently stated at a webinar on Long COVID hosted by the World Health Network that the disparity between official and excess deaths will only grow, because Long COVID is killing more people as a result of complications from their infections, and these deaths are not reported as COVID-19 deaths. The difficulty of tracking such deaths and making relevant associations to COVID-19 infections means that accurate figures will only emerge in the next few years as researchers pore over the data.

According to a recent report by the World Health Organization (WHO) Europe, an estimated 17 million people across the European Union may already be suffering from Long COVID. Across the globe, that figure reaches nearly 145 million. The report also notes that Long COVID cases grew by more than 300 percent between 2020 and 2021, underscoring the criminality of the policies of the US and European governments, which claimed that the COVID-19 vaccines were sufficient to allow the “return to normalcy.” The risk appears to increase considerably among those with severe disease requiring hospitalization, although even “mild” infections can lead to Long COVID and other long-term damage to one’s body.

The WHO regional director for Europe, Dr. Hans Kluge, said, “While there is much we still need to learn about Long COVID, especially how it presents in vaccinated versus unvaccinated populations and how it impacts reinfections, this data highlights the urgent need for more analysis, more investments, more support, and more solidarity with those who experience this condition.” Kluge added that employers should make special accommodations to those facing such limitations, while knowing that such considerations will fall on deaf ears.

Lack of funding for these chronic and debilitating illnesses will further undermine and erode the entire health care edifice. Long before the COVID-19 pandemic, the nature of post-acute viral syndromes and their social impact on the population were known in the scientific community. Despite

hundreds of warnings by scientists in the decades preceding the COVID-19 pandemic, nothing was done to prepare, and even today capitalist society stands totally unprepared for the next horrific pandemic that will inevitably emerge.

Dr. Kristian Andersen, a virologist at the Scripps Research Institute in San Diego, recently told the *New York Times*, “I’m very familiar with outbreak response and pandemic preparedness, and none of it looks like this. We’re worse prepared now than we were early in the pandemic.”

Meanwhile, the WHO noted in July 2022 that zoonotic outbreaks like monkeypox in Nigeria and Ebola in Uganda had increased 63 percent in the last decade compared to the preceding decade.

Jennifer Nuzzo, director of the Pandemic Center at Brown University School of Public Health, told the *New York Times* about the United States’ complete lack of preparedness for future pandemics, stating, “In people’s minds, perhaps, is the idea that this COVID thing was such a freak of nature, was a once-in-a-century crisis, and we’re good for the next 99 years.” But in reality, she said, “This is the new normal.”

It is well known that public health has been chronically underfunded, especially in the United States. The paradox is that the COVID-19 pandemic has only accelerated the implosion of the public health infrastructure. Like their counterparts in schools and health care settings, epidemiologists and public health experts are leaving their profession due to chronic fatigue and mental hardships they have faced over the intervening months and years.

The pandemic has triggered an unprecedented social crisis as well as the outbreak of war in Ukraine, which could at any moment escalate into a nuclear conflagration that could destroy human civilization. Infectious diseases and climate change leave a widening trail of disaster in their wake, as conditions of life grow ever more intolerable. Poverty and disease are taking their toll on the life and well-being of the global population, amounting to what is aptly described by the European Health Forum Gastein as a “permacrisis,” or a crisis in permanence.

Capitalism has proven incompatible with the basic social needs and health of the great mass of the population, and must be replaced with a planned, world socialist society.



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