

Ahead of winter surge, CDC covers up COVID-19 variant data

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On Friday, the US Centers for Disease Control and Prevention (CDC) updated its variant monitoring graphs to show that the highly contagious and immune-evasive descendants of the Omicron BA.5 subvariant, known as BQ.1 and BQ.1.1, now account for a combined 11.4 percent of all sequenced variants.

However, the “update” came one day after epidemiologist Dr. Eric Feigl-Ding tweeted these same data, which he noted were leaked to him from a “CDC-insider source” which informed him that the CDC had been sitting on this crucial information regarding the state of the variants in the US. After Feigl-Ding’s tweet went viral, garnering over 10,000 likes and over 5,000 retweets within hours, the CDC was forced to release the data publicly.

This is among the most significant cover-ups by the foremost health agency in the US since the start of the pandemic. It is clear that the CDC deliberately concealed this vital information from the public for weeks, as part of the relentless propaganda campaign by the Biden administration and the corporate media to falsely claim that “the pandemic is over.”

It remains unclear what exactly transpired within the CDC to account for their about-face. However, the timing of the CDC release one day after the anonymous leak suggests that the upper ranks within the CDC, including Director Dr. Rochelle Walensky, are attempting to control the nature of these revelations and cover up the fact that the status of these new variants had been known.

The screenshot below from the CDC’s variant monitoring graph, dated October 13, 2022, shows no BQ variants listed.

On October 14, 2022, the updated graph notes the presence of these newer variants as far back as mid-August, with BQ.1 exceeding one percent of all sequenced variants on September 24 and BQ.1.1. reaching that threshold by the week of October 1. By the CDC’s rules, they have to break out these newer strains from all the ones being tracked and list their frequency.

This is no simple oversight or an issue of incompetency on the part of the CDC, which has decades of experience in surveillance and monitoring. The BQ.1 and BQ.1.1 subvariants are being closely tracked in Europe and are contributing to the current fall-winter surge across the continent, with scientists throughout the world warning of the dangers of these and numerous other Omicron subvariants. The World Health Organization (WHO) has listed BQ.1 and BQ.1.1 as dangerous, closely followed subvariants.

Dr. Anthony Fauci, President Biden’s chief medical adviser who was in all likelihood privy to the CDC’s cover-up, appeared on

CBS News on Friday to explain that these latest versions of Omicron worry health officials and scientists because they are more effective at evading medications currently being used to manage infections. Specifically, the monoclonal antibody drugs Evusheld and Bebtelovimab do not work on these latest variants, threatening tens of millions of immunocompromised individuals in the US and internationally.

Dr. Fauci said we need to “keep our eye out” for emerging variants despite reportedly low cases and hospitalizations. He added, “When you get variants like that, you look at what their rate of increase is as a relative proportion of the variants, and this has a pretty troublesome doubling time. That’s the reason why people are concerned about BQ.1.1, for the double reason of its doubling time and the fact that it seems to elude important monoclonal antibodies.”

Given the willful omission of the actual state of variants in the US, it brings into stark relief the CDC’s announcement last week that they are shifting from daily to weekly reporting of COVID-19 infections and deaths. Additionally, the CDC is slated to reassume responsibility for reporting COVID-related hospitalizations, which will have immense implications given their duplicitous and anti-scientific behavior.

Since the beginning of the pandemic, the CDC has accommodated guidance and response to the diktats of policymakers who receive their orders from the corporations and financial oligarchy. This was true with Robert Redfield under former President Trump as much as it is with Rochelle Walensky under President Biden, who is now overseeing a homicidal “forever COVID” policy.

The suppression of data on the dangerous BQ.1 and BQ.1.1 variants took place in the weeks leading up to the US midterm elections and under conditions in which the bivalent booster campaign drive has been woefully anemic, with experts warning of a harsh winter of COVID-19 and flu waves. Pediatric hospitals across the country are already overwhelmed by the early appearance of RSV and other respiratory and gastrointestinal viruses that are sickening children *en masse*.

The corporate media has remained dutifully silent on the cover-up of the variant data. Not one outlet has taken the CDC to task to address their discrepancies and obligation to report, and this news report is the first to even acknowledge the fact that the data were leaked by Dr. Feigl-Ding the day before being publicly released by the CDC.

Only principled scientists and health experts using their social media platforms have courageously kept the public abreast of these developments, often with the threat of censorship and backlash from right-wing sources. The *World Socialist Web Site* encourages scientists, health experts, and rank-and-file workers at the CDC and other public health agencies to contact us and share vital information necessary for the public's safety. Your anonymity will be protected.

The data emerging about infection rates with the BQ.1.1 variant in particular indicates it is highly transmissible and immune evasive, as it appears to outmaneuver every other subvariant. In the United Kingdom, BQ.1.1 is doubling every week, spreading twice as fast as its relative, BA.2.75.2. Based on epidemiological projections, the next wave of infections driven by these variants is expected to reach peak acceleration by the Thanksgiving holidays, when millions of Americans will be traveling to visit friends and relatives.

In this regard, the current developments with the pandemic in Europe have immediate significance.

Europe has once more assumed the dubious distinction as the epicenter of the post-BA.5 wave of COVID infections, in what experts have termed a "variant soup." For the first time in the pandemic, it not a question of which Omicron subvariant will become the next dominant strain, but rather how many subvariants will be in circulation at any one time and how this will contribute to predicting the beginning and end of one surge before the next one arrives.

The BQ.1 strain has also reached 10 percent of all sequenced infections in Bavaria, Germany, where COVID-19 cases are accelerating rapidly following the massive Oktoberfest festival. Confronting a mounting health crisis, Germany's health minister Karl Lauterbach has called for reinstituting mask mandates and "stepping-up measures" to mitigate against the current surge that is overwhelming health centers, with COVID-19 hospitalizations at pandemic highs. On October 11, more than 15,000 people were admitted to German hospitals, while ICU admissions have exceeded the BA.5 peaks, reaching levels last seen during the BA.1 and BA.2 waves last winter.

Further fueling the crisis are high staff shortages that lead to delays in care and treatment. Hospitals will once more have to postpone lifesaving procedures and surgeries to accommodate the infected. The scientific head of the intensive care register of the German Interdisciplinary Association for Intensive Care and Emergency Medicine (DIVI) told *Redaktions Netzwerk Deutschland*, "In some regions of Bavaria, Hesse, and in several cities in NRW, we already have hotspots where there are hardly any free intensive care beds anymore because the staff is often symptomatic [with infection]... We will have to adapt to this in many other parts of Germany in the coming weeks."

CEO Gerald Gab told a local German media outlet, "We are approaching extremely difficult weeks nationwide and not only in Southern Germany." He noted a "devastating triad of staff shortages, economic pressure due to inflation and bureaucracy. All this together will lead to hospitals having to postpone services and temporarily deregister departments."

The new XBB subvariant is also worrisome in Asia, where it has

taken hold in Singapore just a few weeks after the end of the BA.5 surge. The meteoric rise in new infections in Singapore is comparable to the rate of infections in Europe, in particular Germany and France, where the projections in new daily cases are expected to exceed the peaks reached with BA.5 in July, less than three months ago, despite high population immunity with prior vaccinations/boosting and previous infections.

Health officials in the city-state have lifted the last remaining mitigation measures as they have started administering the new Moderna bivalent boosters. Approximately 15 percent of the country's new cases are reinfections. Health Minister Ong Ye Kung said, "If you start to see 50 percent getting it a second time, you're going to have a wave." Hospitalization rates have been climbing in line with case rates.

Despite these developments, nearly every country outside China has remained staunchly resistant to addressing the latest wave of COVID-19, refusing to systematically track and trace the growing number of infections. Though there were more than three million official COVID-19 infections documented across the globe last week, as the WHO noted at their press conference, these are considered vast undercounts due to the systematic dismantling of all COVID-19 testing and tracking.

Given these developments, nephrologist and internist Dr. Satoshi Akima of Australia recently tweeted, "From the ranks of rapidly emergent novel variants will emerge a catastrophic new wave of mass death on a large scale. It's not a matter of if but when. Act now to save lives. Else start writing more 'we could never have predicted this,' speeches today."

Dr. Maria Van Kerkhove, the WHO technical lead for COVID-19, recently stated that the SARS-CoV-2 virus is still transmitting at an "intense rate", noting that more than 300 Omicron subvariants are now being tracked. However, with sequencing data on new strains down by more than 90 percent in recent months, she compared it to chasing shadows. It would be more appropriate to describe it as a collage of dangerous shadows evolving simultaneously that have evolved to become ever more infective and developing more immune escape capabilities.

The Institute for Health Metrics and Evaluation (IHME) estimates that current projections of the real number of daily new infections globally are up 14 percent from two weeks ago and approaching 20 million infections per day, with peaks of 45 million daily infections expected by the end of December. The unhindered spread of the virus, the result of deliberate policy decisions made by nearly every capitalist government, are giving the "variant soup" billions of hosts in which the virus will continue to evolve.

In short, the world is entering the next COVID-19 winter storm blindfolded and poised for even greater disaster.



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