

# US health officials are declaring the 2022-2023 flu season an epidemic

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US health officials announced on Friday that the 2022-2023 flu season had already crossed its epidemic threshold, with cases, hospitalizations and deaths almost doubling compared to the previous week. The current outbreak of Respiratory Syncytial Virus (RSV) and multiple highly immune-evading subvariants of Omicron that are now dominant are only adding to the strain that is evolving into a severe health crisis across the country.

Many health systems, in particular pediatric hospitals, have reached or are exceeding capacity. California's Orange County declared a health emergency on October 31 resulting from a record number of pediatric hospitalizations and flooded emergency rooms. Around 75 percent of children's hospital beds in the country are currently occupied.

Critical care physician Dr. Anita Patel at Children's National Hospital in Washington D.C. told *Fortune* last week: "I can honestly say that, unfortunately, with both RSV and the flu, we have had kids that needed to be intubated or have breathing tubes to help get through viral illness. I've been a practicing ICU [intensive care unit] doctor for a decade now, and I think I can safely say this is one of the worst surges I've ever seen."

Federal health officials are outlining plans to deploy federal troops and FEMA personnel to severely affected areas across the country in response to health systems reaching their capacity to manage the influx of ill people. These discussions also include mobilizing resources such as ventilators to hard-hit regions. Yet there is hardly any mention of these crisis measures in the mainstream press, desensitized to the mass suffering and death that has characterized these last three years.

The number of jurisdictions reporting high or very high levels of Influenza-Like Illnesses (ILI) activity has

surged across the Mid-Atlantic and the South-Central West Coast regions. The District of Columbia, Alabama, South Carolina and Kentucky have been designated with the color purple, signifying the highest level of ILI activity, for the week ending October 29, 2022.

Dr. Jose Romero, director of the National Center for Immunization and Respiratory Diseases, said at Friday's Centers for Disease Control and Prevention (CDC) briefing, "We're seeing the highest influenza hospitalization rates going back a decade. We are also reporting the second influenza-related pediatric death of the season."

The 2022-2023 flu season, officially inaugurated in the first week of October, is gaining incredible momentum straight out of the gate. Positivity rates on tests reported to the CDC by US clinical laboratories jumped from 1 percent in mid-September to 9 percent by the end of October and continue to climb.

Romero added, "In the southeast of the United States, nearly 20 percent of respiratory specimens are testing positive for influenza virus, mostly influenza A and H3 N2 viruses, which in the past have been associated with more severe seasons, especially for young children and older individuals."

According to historical baseline data, visits to health care providers for upper respiratory infections and ILI at this point in the fall and winter months usually account for no more than 2 percent of all complaints. They presently account for more than 4.3 percent of all doctor visits, well over twice the average rate.

Putting this in context, the 4.3 percent figure is typical for the peaks seen during a moderate flu season in January and February. During severe flu seasons such as those experienced in 2002-2004, 2009-2010, 2017-2018 and 2019-2020, the peak in visits for ILI

never exceeded 8 percent. This implies that the scale of the current flu season will most likely be unprecedented in recent memory.

As of the week ending October 29, 2022 (week 43), 1.6 million cumulative illnesses were reported. The CDC said in its Weekly US Influenza Surveillance Report (FluView) that there had been 13,000 hospitalizations, with 4,326 admitted in the last week. The cumulative per capita hospital rate has already reached 3 per 100,000, which is considerable given that the country has concluded only the first month of the flu season.

To give perspective to these figures, federal officials have developed Intensity Threshold (IT) values to contextualize the outbreak of respiratory illnesses. These are values, calculated on the basis of historical data, that are used to assess if a system will reach certain critical thresholds. These values can inform emergency preparedness and response. For instance, IT values are used by the US Geological Survey and the National Flood Insurance Program to inform regions of potential flood risks.

For Influenza-Like Illnesses (ILI), the average historical baseline for hospitalizations, also known as IT50 for hospitalizations per 100,000 people, is 8.6. In other words, over 17 flu seasons, hospitalization rates infrequently exceeded the IT50 of 8.6 and only for a short period in the season.

There have also been 732 deaths thus far, with two pediatric deaths attributed to influenza. This was the ballpark figure for total mortality sustained during the 2020-2021 flu season, when mitigation measures were in place to check the spread of COVID, leading to the near elimination of the flu. With the end of all pandemic mitigation and social distancing, the flu has returned with a proverbial vengeance.

The rates of cases, hospitalizations and deaths are outpacing the 2017-2018 season, a particularly harsh season that killed upwards of 52,000 adults and 186 children. Those not receiving their vaccines died at significantly higher rates, with people over 65 accounting for nearly 60 percent of all deaths.

However, given the impact of previous COVID infections on population health and immunity after three years of the unrelenting “let-it-rip” policy, the effect of influenza may be much more severe. These early figures point to a harsh flu season under

conditions where there has been a mass exodus of health care workers and the health infrastructure in the US is under tremendous strain.

The attempt to cover up the responsibility of policy makers in relation to the epidemic of respiratory illnesses by means of the pseudo-scientific term “immunity debt,” which puts forward the notion that lack of previous exposure to these viruses has made the population susceptible, has no foundation in fact or science.

The underlying premise—that it is exposure to these pathogens that confers health—is preposterous. These politically motivated ideas fail to consider recent experiences in which the number of influenza cases fell to historic lows. The normalization of death and illness, driven by the prioritization of profits over lives, is exacerbating the evolving flu epidemic in the US.

As immunologist Dr. Anthony Leonardi recently wrote: “We mustn’t delude ourselves into thinking infections confer a benefit or are a debt that must be paid. They are more like a tax we make the children [and everyone else] pay for our civilization not being developed enough to prevent viral illnesses that hospitalize thousands of children.”

Colin Furness, an epidemiologist and assistant professor of information at the University of Toronto, speaking on the mass student absences at Edmonton’s public schools, said: “We have increasing evidence that, like measles, COVID-19 hobbles the immune system. It impairs the immune system, which means that after COVID is done and gone, you are more susceptible to other kinds of infections, and that may well be a bigger problem in children. So, we’re seeing a lot of respiratory illness, far more that could be accounted for in any other way.”



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