Australia: New COVID-19 variants fuel another surge of infections

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12 November 2022

The Health Workers Rank-and-File Committee and the Committee for Public Education are holding a joint online public meeting on Sunday, November 20 at 3 p.m. (AEDT), titled "Unite educators and health workers: Oppose the ending of COVID protection measures! Lives before profit!"

The meeting will outline a political perspective, including the building of rank-and-file committees, to unify health workers, educators and other sections of workers. Register now: https://bit.ly/3CRCuOh

COVID-19 cases are once again rising across Australia, driven by the highly contagious and immune-evading Omicron XBB and BQ.1 subvariants.

This is part of a global upsurge of the virus, with the spread of numerous new subvariants, described as a "variant soup," amidst already waning levels of vaccine immunity. The continued spread of the virus is the result of the deliberate, profit-driven, "let it rip" policies of governments, with the systematic and widespread removal of public health measures to stop the spread of the virus.

More than 60,000 new COVID-19 cases were recorded across Australia in the week ending November 11, up from around 40,000 the previous week. In Australia's most populous states, New South Wales (NSW) and Victoria, new infection numbers increased by more than 50 percent, week on week. This does not include the more than 800 COVID-positive passengers on the cruise ship Majestic Princess, which docked at Circular Quay in Sydney on Saturday.

Since the start of the pandemic, 15,870 people have died from COVID-19 in Australia, according to official figures. This includes 83 deaths reported in the week ending November 11.

Across the country, 1,796 people are hospitalised for COVID-19, up from 1,395 on November 4, with 66 in intensive care, 25 more than the previous week.

The rising case numbers are in line with warnings from health experts of increased detection of COVID-19 in wastewater testing. However, the dismantling of testing, with reporting of positive rapid antigen tests no longer mandatory, means that the true number of cases is far higher.

The surge comes as the Albanese Labor government removed the last remnants of a public health response to the pandemic, with COVID-19 isolation requirements for infected individuals and federal pandemic leave payments for COVID-positive workers ended on October 14.

The measures followed the ending of daily COVID-19 reporting by the Labor government, which have made it impossible to monitor the pandemic, as well as the lifting of mask mandates on public transport in September—the last mask mandates outside of healthcare and aged care facilities. This took place amidst the deadliest period of the pandemic in Australia, with the month of August recording the highest death toll.

Despite the surging cases, state and federal governments have made clear that there will be no restoring of even the most basic public health measures. In every state and territory, for those who test positive for COVID-19, it is merely "recommended," that they isolate at home until symptoms resolve. Mask-wearing for COVID-positive individuals who are in public is similarly only recommended.

In Queensland, face masks have been recommended more broadly, "indoors when people can't socially distance, in healthcare facilities and around older or vulnerable people." However, this is not mandatory and the type of mask is not specified, when it has been medically established that N95 masks, at a minimum, are required to protect against the airborne transmission of COVID-19. Surgical or cloth masks are entirely inadequate, notwithstanding the fact that health departments in most states provide only surgical masks to their health staff.

The population is forced to be exposed to dangerous and increasingly vaccine-evasive COVID-19 variants under conditions of already waning immunity. Less than 25 percent of the adult population have received a fourth dose of a COVID-19 vaccine. Only those over 30 are eligible to receive this booster, as well as those five years or older who are "severely immunocompromised." Children aged five to

fifteen are only able to receive two doses.

Moreover, recent serological surveys suggest that at least two-thirds of the Australian population, or 16.9 million people, have already been infected at least once with COVID-19. It is estimated that one-fifth of all adults in the country contracted the virus between June and August.

Blood samples from children and teenagers also showed that the rate of COVID-19 infection among those aged under 20 was similar to the overall population, with 64 percent of samples testing positive, and the rate slightly higher among school-aged children.

Studies have also shown that COVID-19 reinfections have a cumulative impact, weakening the immune system and significantly increasing the risk of death, hospitalisation and Long COVID.

A recent report by the *Sydney Morning Herald* (SMH) and the *Age* found that Long COVID clinics in Australia are so under-resourced that patients are waiting up to a year for treatment.

The Victorian government, in a submission to a federal inquiry, revealed that the disease affected some 218,000 people across the state, with 41,000 having a severe form.

Professor Steven Faux, co-lead of St Vincent's Hospital's Long COVID clinic in Sydney, where there is an 11-month waitlist for treatment, told the *Age* and the SMH, "We have been inundated because of limited resources. We've only got capacity to open one day a week. We've not got staff; we can't get them. I can't find physios; I can't find psychologists."

The systematic removal of COVID-19 public health measures, beginning in Australia from December 2021, has resulted in more than 13,500 deaths from COVID-19 this year alone. This unending wave of death and illness, has created a disaster within healthcare, education and in the working class more broadly.

In healthcare, the hospitals are already continuously overwhelmed, with reports of record-high levels of ambulance ramping in multiple states, patients being treated in hospital corridors due to lack of beds and life-threatening delays of care. Healthcare workers face impossible workloads and burgeoning patient to nurse ratios, resulting in compromised patient care.

The unfettered spread of COVID-19 has only exacerbated an existing crisis in public health, produced by decades of underfunding and privatisation by successive governments. A recent report by the Australasian College for Emergency Medicine for 2020?21, found that the health system in Australia has "never been in a worse state," and that "there have never been more people requiring acute healthcare, people have never had such complex health needs and the health system has never been so strained… if you need emergency care in Australia right now, you will wait longer than ever before."

In schools across the country, throughout the year there have been reports of chronic daily shortages of teachers due to illness, with classes being combined or cancelled. This week, it was reported that Tangara School for Girls, in Sydney, NSW, moved years 7 to 11 to remote learning for the remainder of the week after one-third of staff, as well as one secondary student, tested positive for COVID-19. Whilst outbreaks of COVID-19 are occurring in schools more broadly, many do not have adequate resources to conduct remote learning.

Despite the growing opposition of healthcare workers, educators and other sections of workers to the intolerable conditions this has caused, the trade unions have supported the lifting of restrictions and have consistently opposed lockdowns and other public health measures.

The industrial action of nurses, teachers, as well as other public sector workers in multiple states, who face the same intolerable conditions and assault on wages, have been isolated and divided to ensure no unified action nationally is possible. The Health Services Union NSW secretary, Gerard Hayes, actively campaigned for the ending of COVID-19 isolation requirements, prior to their removal, stating that he was concerned about the impact it had on the "economy," that is, on business profits.

The ongoing pandemic and the growing death toll and suffering caused by Long COVID, is ultimately the product of the capitalist system, which subordinates all social needs to profit interests.

To take forward a unified struggle for the global elimination of the pandemic and the adoption of public health measures based on what is needed to protect health and lives, not corporate profit, new organisations of struggle are required. Rank-and-file workplace committees must be established, independent of the trade unions and democratically controlled by workers themselves, to coordinate and take forward this fight.

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