

Louisiana and Alabama see surge in COVID-19 infections and deaths

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Throughout the coronavirus pandemic, the United States government has been at the forefront of downplaying the seriousness of the deadly disease and allowing the virus to spread, initially by promoting the pseudo-science of “herd immunity” and the back-to-school/work campaign, and currently by touting the absurd lie that “the pandemic is over.” As a result of these bipartisan policies, COVID-19 has been permitted to mutate into more virulent, infectious and vaccine-resistant strains over the last three years.

The latest strain, Omicron subvariant XBB.1.5, accounts for at least 43 percent of all COVID-19 cases in the United States, according to Reuters. In the United States, the region hit hardest, outside densely populated areas such as the California capital of Sacramento and New York City, is the southeastern United States.

The state of Louisiana is facing a surge in COVID cases and hospitalizations following the holidays. “We certainly have seen a bump coming out of the holidays,” Dr. Joe Kanter, an officer with the Louisiana Department of Health (LDH), reported Thursday. “It’s not something overly dramatic, but no question, transmission has increased from the holidays.”

Hospitalizations have increased almost 60 percent over the last month, from 289 about a month ago to 456 last week. More than 60 deaths were recorded over the last seven days, compared to 14 one month prior. However, this has not swayed the state government to take action to close non-essential production and schools, or any attempt to slow or stop transmission.

According to the LDH website, between January 2 and 8, 6,849 new infections and 42 deaths occurred. Total cases recorded currently stands at more than 1.5 million out of a population of 4.6 million, and total deaths in the state are 18,436. According to Kanter, geographically, coronavirus infections are spread

“fairly” and “evenly.” Such language, even if it is a poor choice of words, indeed shows the intention of the ruling financial and corporate oligarchy to implement a policy of mass death via its back-to-work/school campaigns and vaccine-only strategy. The latter has been endorsed by Kanter and Louisiana’s Democratic governor, John Bel Edwards.

Currently the XBB.1.5 subvariant accounts for 17 percent of infections in the region, which includes Louisiana, Arkansas, New Mexico, Oklahoma, and Texas. In the Northeast United States, the variant is dominating, with more than 70 percent of cases attributed to it. “I would totally expect it to be the dominant strand here within two to three weeks,” said Kanter.

The World Health Organisation (WHO) has warned XBB.1.5 is the “most transmissible” variant to date.

The international database of viruses, known as GISAID, presents data that 10 of 612 viruses sequenced from Louisiana over the last two months are XBB.1.5. The first case of the new variant in Louisiana was submitted by Ochsner Health from Orleans Parish on November 11. Cases have popped up in Plaquemines and Jefferson parishes since.

At Children’s Hospital New Orleans (CHNO), the share of child patients admitted to the hospital with COVID-like symptoms has doubled, rising from 1 in 20 to 1 in 10 over the last two weeks, according to Physician-in-Chief Dr. Mark Kline. Just last month, CHNO emergency rooms were recording far higher numbers of influenza than COVID-19 among children, where, at that time, adolescents testing positive for COVID-19 were about 1 in 50. “It’s been a steady increase over the past three or four weeks,” Kline told the *Times-Picayune*. “I think the question mark is: Where does it peak?”

In neighboring Mississippi, the death of a one-year-old child from COVID-19 was announced last week. Parents are forced to return to work, and children to school, amid wave after wave of COVID-19. No matter how many workers and youth get infected and die, production must continue and profits must flow.

According to Kanter, families should conduct their own assessment of the risk of gathering in large groups—all while national COVID-19 data statistics are purposefully stunted—and get a COVID-19 booster shot if they have yet to receive one. “We’re in Mardi Gras season,” said Kanter “It would not be unexpected to see increases throughout.”

There is no attempt by the Democratic Party leadership to prevent super-spreader events, at the state or federal level, as is also true of their colleagues in the Republican Party.

In Alabama, in July of 2021, Republican Governor Kay Ivey stated emphatically that it is “time to start blaming the unvaccinated folks” for the disease’s continued spread. “I want folks to get vaccinated. That’s the cure. That prevents everything.” That was a lie aimed at turning the global pandemic into a problem of personal responsibility.

According to Centers for Disease Control and Prevention (CDC) data from August 2022, approximately 64 percent (3.15 million people) in the state had received one dose of the vaccine, 52 percent (2.55 million people) had received two doses and were considered fully vaccinated, and 20 percent (970,000 people) had received a booster. Over the course of the pandemic more than 1.6 million Alabamians have contracted the disease, resulting in more than 21,300 deaths, according to the *New York Times*.

In Alabama, XBB.1.5 accounts for nearly 20 percent of all new cases, according to the CDC. The state is facing an expected rise in COVID-19 infections, hospitalizations and deaths. The Alabama Department of Public Health (ADPH) reported there were 659 people infected with COVID-19 in Alabama hospitals as of Thursday. Last week marks the first time Alabama has seen more than 600 COVID hospitalizations since September 10 last year. Thursday’s number represents a 322 percent increase since just before the Thanksgiving holiday.

Approximately 16.3 percent of those tested for coronavirus test positive for the disease. State Health

Officer Dr. Scott Harris told Alabama Live that Alabamians are at higher risk for Long COVID due to myriad pre-existing health conditions and low vaccination rates. “At baseline Alabama has a big burden of chronic disease,” observed Harris.

According to the CDC, Alabama has the second-highest rate of Long COVID in the country, at 12.1 percent of COVID-19 cases, following Kentucky at 12.7 percent. As more resources have been put into studying the effects of Long COVID, it has been broken down into four types.

A study published last month in *Nature Medicine* identified the most prevalent subtype of Long COVID. Experienced by approximately 34 percent of patients, cardio-vascular and urinary system problems were prevalent among older males. The second-most common amalgam of post-COVID symptoms, impacting nearly 33 percent of people studied with Long COVID, included respiratory complications, chest pains, anxiety, headache and myriad sleeping disorders. Victims of this second subtype had lower hospitalization rates than the first, but were more likely to test positive for COVID-19 during future surges of the pandemic, as recorded between November 2020 and November 2021.

For the third subtype, 23 percent of patients experienced musculoskeletal symptoms. The fourth subtype of those studied was the 10 percent who showed digestive and respiratory symptoms. “These [subtypes] can inform effective hypotheses generation for biological mechanistic studies of Long COVID, as well as treatment development strategies for long COVID,” said study author Dr. Fei Wang of Cornell University.



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