

Over 400 COVID deaths in Australia last week

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The year has begun with another sharp spike in COVID fatalities in Australia, following on from 2022, which wrought the worst toll of the pandemic yet. The latest tragic deaths, over the holiday period, are another signal that despite the claims of official politicians and the media, the COVID crisis is far from over. If anything, it is worsening.

For the week ending January 13, 408 COVID deaths were officially reported across the country. That is the 10th highest weekly toll of the entire three-year pandemic. It is also the highest seven-day tally since 419 fatalities were recorded in the seven days to August 26. That is, the second week of January saw the most coronavirus deaths in four months.

The week before, reported on January 6, saw 271 deaths. This equates to 679 fatalities in the first fortnight of the year. If that rate continues, it will result in some 17,650 COVID deaths throughout the year, more than the roughly 15,000 reported in 2022.

The true toll, however, is likely to be far higher. There were some 25,000 excess deaths last year, 10,000 more than the official COVID fatalities. Some of those may have been the result of fatalities in people who had undetected infections, or whose health was impacted by previous exposure to the coronavirus.

Others were no doubt victims of the breakdown of the healthcare system, with chronically-underfunded public hospitals having been pushed over the brink by the “let it rip” COVID policies.

Last year’s terrible death toll compared with little over 2,200 in the previous two years of the pandemic, when governments were compelled, despite their inclinations, to implement safety measures, including partial lockdowns. Those safety measures, even though they contained a raft of pro-business loopholes, substantially limited illness and death.

All of the other nine weeks during which fatalities were higher than in the week ending January 13 naturally coincided with major surges of the pandemic, and also registered sharp spikes in infection numbers.

Four of the nine weeks were in January and February 2022. That was after governments, Labor and Liberal-National, unleashed a tsunami of Omicron infections, after “reopening the economy” in December 2021, just as the new variant had been detected in the country. That first wave witnessed unprecedented infection levels, sometimes in the hundreds of thousands a day.

Officially, the week ending April 1 would appear to have been more deadly than last week. That figure of 489 deaths in a week, however, included more than 300 “historical deaths,” so it was largely a delayed indicator of the extent of morbidity resulting from the January-February wave.

The other five weeks of record deaths were in July and August, when there was a clear surge of the virus.

The most recent fatalities, however, do not bear the same relationship to case numbers as in those previous periods. Despite last week’s toll, and the fact that deaths have exceeded 100 for all of the last nine weeks, case numbers are largely static.

In the week to January 13, when deaths grew, there was a substantial decline in the number of reported infections, from almost 67,000 to 42,000. Deaths are a lagging indicator, with the time gap between infection and fatality estimated to be around two weeks. But even taking that into account, weekly case numbers barely exceeded 100,000 in December.

By contrast, in January 2021, when weekly deaths exceeded 400, weekly cases were greater than 400,000. In the weeks of July, when deaths were in the hundreds, infections exceeded 300,000.

The discrepancy is likely the result of the dismantling of the testing system. The more reliable Polymerase Chain Reaction (PCR) that played a key role in detecting infections at an earlier stage of the pandemic has been all but ended. In a final blow, the federal Labor government decreed that beginning this year, PCR tests will only be available to those deemed “vulnerable.” Even then a doctor’s referral is required at most testing sites.

Labor had previously overseen an end to any requirement

that a positive Rapid Antigen Test be reported to the health authorities. Under conditions where federal pandemic leave payments have been withdrawn and there is no legal requirement to isolate when infectious, there is no incentive for people to report that they have the virus.

Instead, the entire weight of government policy is directed towards ensuring that those who are ill continue to go to work to ensure business profit-making.

This means that there is every possibility that the real transmission of the virus is in the vicinity of 300,000 or even 400,000 cases a week, in an undeclared and concealed wave of the virus as bad as any, bar that which occurred in January-February last year. This is all the more likely, given that the “Kraken” variant of Omicron, fuelling major spikes in North America and around the world, is known to be circulating in Australia.

The other possibility, though less likely, is that the official numbers are a rough approximation of the real levels of transmission. If that were the case, it would indicate a greater danger of death from infection, contradicting official claims that the endless spread of the virus somehow boosts immunity and renders it less dangerous.

In reality, medical scientists have developed a growing body of knowledge indicating that repeat infections weaken immunity and threaten one’s overall health.

Moreover, vaccinations, presented by governments as a silver bullet to end the pandemic, have all but ended. Only a small percentage of the population is eligible for a fourth dose, and there is no indication that a fifth dose will be rolled out. Most of those who followed the official advice, and been inoculated as rapidly as possible, likely have not had a dose of vaccine for close to a year, leaving them almost entirely unprotected.

In any case, none of these issues is being discussed by the representatives of the political and media establishment. Instead, they continue to refer to the pandemic in the past tense, if at all, while official policy is directed entirely towards normalising the endless spread of COVID.

As is often the case, sport, with its combination of nationalism, individualism and the glorification of wealth, has expressed in a particularly crude form the broader tendency being promoted by the ruling class throughout society.

In the opening Test cricket match of the year, one Australian batsman tested positive to COVID on the morning before play began. He was nevertheless directed to take part in the match, largely as though nothing had happened. Similarly, in the Australian Open tennis tournament now underway, players have been told that they can compete when COVID-positive and do not even have to disclose their illness.

A bizarre and disturbing expression of the “new normal” was provided by a segment this week on Channel Nine’s “Today” show, a breakfast television program. One of the presenters, Sarah Abo revealed that she had contracted COVID over the New Year period. Weeks later she still had “remnants” of the infection, including a cough.

Dr Nick Coatsworth, formerly Australia’s Deputy Chief Medical Officer, was on the program. Coatsworth has downplayed the dangers of COVID, as well as Long-COVID, and has been a prominent supporter of “opening up” and “living with the virus.”

In response to Abo’s comments, he declared: “Remember pre-COVID, there was a time when we just got respiratory viruses and there was something called the 100-day cough. This type of virus gives you a cough for many weeks after so this is not that unusual.?”

Such is the official perspective for the population: Hundreds of deaths a week and untold thousands with persistent respiratory issues, from the supposedly “mild” virus that can now be regarded as little more than a cold or flu.

The program of a pandemic in perpetuity is one that cannot, and increasingly will not, be accepted by ordinary people. The ever-more crass adoption of a ‘profits before lives’ program by the entire political establishment demonstrates that the fight for an end to the COVID crisis requires an independent struggle by the working class, directed against the entire capitalist set-up.

Such a fight is the only means of instituting the safety measures, such as universal masking, mass testing and, when necessary, lockdowns, which are capable of eliminating the virus.



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