

WHO says that XBB.1.16 “Arcturus” is the next Omicron variant “to watch”

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As Dr. Maria Van Kerkhove, the World Health Organization’s (WHO) Technical Lead on COVID-19, noted last week, the COVID-19 pandemic continues to transmit across the globe and kills between 5,000-10,000 people each week. “These are largely among individuals who are of older age, they may not be vaccinated or received the full number of doses that are required for them at their age,” she said.

She then noted that the threat remains because the virus has not settled into a predictable pattern, meaning that as it evolves despite population immunity, it may develop into more virulent forms.

In particular, she warned that the current variant of interest being tracked, given the designation XBB.1.16 and dubbed “Arcturus” by variant trackers, is the most transmissible variant yet. Having a similar profile as its predecessor XBB.1.5, its additional mutation has shown it to be more infectious and pathogenic in the laboratory setting, although preliminary data does not indicate it is causing a more severe disease among people infected. However, she noted, “It is the one to watch.”

This is because the concerning K478R mutation on the SARS-CoV-2 spike protein makes the new variant more capable of dodging antibodies from prior immunity, whether due to vaccination or infection. The mutation also enhances its infectiousness and virulence. Since XBB.1.6 has emerged, it has quickly outpaced XBB.1.5, spreading almost twice as fast.

As of last week, only 800 sequences of XBB.1.16 have been analyzed. Most have come from India, where it is now the dominant variant. However, the highly infectious variant has been found in at least 23 other countries.

The variant of interest is a newcomer to the WHO’s list of variants, first added on March 22, 2023.

However, due to a significant decline in COVID-19 surveillance and submission of sequences, it is unclear when the variant first actually surfaced.

In the US, XBB.1.5 remains the dominant version, accounting for 88 percent of all sequenced variants as of the first week of April, according to the Centers for Disease Control and Prevention (CDC). They have not listed XBB.1.16 in their updates, but given that they have previously withheld such data until a whistleblower forced their hand, similar shenanigans could be once more at play.

According to Raj Rajnarayanan, Assistant Dean of Research and Associate Professor at Arkansas State University, 18 states in the US have detected “Arcturus.” Additionally, 14 states have detected its descendant, the variant XBB.1.16.1. Presently, XBB.1.16 and XBB.1.16.1 are aggregated under the umbrella of XBB until they reach the 1 percent threshold of all variants across the country, when the CDC is required to list them separately.

Besides the US, the spread of XBB.1.16 covers nearly the entire surface of the globe, including Canada, Australia, Japan, South Korea, South Africa, Israel, the UK and most of the major countries across Europe, where excess deaths have remained stubbornly high.

Although not all deaths are from COVID-19, higher numbers of underlying pre-existing health conditions are being exacerbated, which may be directly attributable to the impact COVID-19 infections have caused across the population. These are further compounded by the chronic strain on health systems because of “let it rip” policies that have allowed repeated waves of infections to inundate hospitals.

In India, despite the low quantity of testing and tracking, the federal health ministry recorded more than 3,000 COVID-19 cases in a 24-hour period last

Thursday, the highest figure in over six months. There has been a more than four-fold increase in new cases in a month. According to New Delhi's Health Minister Saurabh Bhardwaj, the positivity rate has climbed above 10 percent. "We have issued an advisory," he told reporters. "Asking people to wear masks if they have flu-like symptoms and in hospitals."

Dr. Rahul Sharma, a pulmonologist and critical care physician at Fortis Hospital Noida, confirmed, "The sudden surge of cases throughout India is being seen. The main reason is the new variant of concern of COVID-19. The symptoms are mild, but a lot of patients are coming up with superimposed pneumonia. Another common reason is the low coverage of precautionary (booster) vaccine among people, which is less than 30 percent."

Speaking with *Fortune* magazine, Biology Professor Ryan Gregory at the University of Guelph in Ontario, Canada, explained that despite India's "hefty population immunity," the pandemic was gaining momentum, which is concerning. It remains speculative how large the surge will be, but he said, "large waves aren't the main pattern of COVID cases anymore. It's the consistently high baseline that won't come down."

Indeed, the official COVID-19 deaths since December 2019 have reached nearly 6.9 million, while the central estimate of global excess deaths has risen to 21.3 million, or 3.1 times the official COVID-19 fatalities. And although official COVID-19 deaths per week are slowly declining, weekly excess deaths have risen 33 percent since the end of February.

In the US, according to the still operating *New York Times* COVID tracker, the average daily rate of COVID-19 deaths has never declined below 250 since May 2022. This translates to approximately 100,000 preventable deaths annually, a figure that is twice the deadliest flu season in the last two decades. Since January 1, 2023, in the span of three months, almost 34,000 people have died.

The wave of XBB.1.16(1), which may become dominant in the US, will have potentially significant consequences for the working class when the entire federal COVID-19 pandemic apparatus is dismantled. Workers will have to choose between working while infected or being fired for taking appropriate precautions. Anecdotally, already many workers who are infected are reporting difficulties obtaining the anti-

viral treatment manufactured by Pfizer, Paxlovid, from their providers. Pharmacies will not provide the treatments without a physician's prescription.

Because COVID-19 has been so downplayed by both the government and the media, there is a palpable lack of urgency on the part of pharmacies and health care systems to address the needs of those with coronavirus infections. Those anti-viral treatments which help reduce the chance of severe disease and Long COVID need to be administered within days of developing symptoms, or their benefits are diminished.

Additionally, the end of the federal public health emergency for COVID-19 next month means access to individual "home tests" will become more expensive and harder to get. Reliance on wastewater surveillance will be critical to track the leading edge of the next wave of infections. However, this requires funding and coordination at the national level to become truly effective for monitoring COVID-19 and other infectious pathogens.

There is complete disregard for any real public health initiative on the part of states and the federal government in the face of the current threat posed by COVID-19 and repeated outbreaks of highly infective and potentially deadly pathogens. This has immense implications for the working class who have, until now, been dependent and reliant on the government to look out for their well-being.

The abandonment of the basic functions of public health to protect the population speaks to the complete dysfunction of the state apparatus and the disregard for the lives of those who actually produce the wealth of the ruling elites. The COVID-19 pandemic as a trigger event in history has unmasked the bankruptcy of capitalist relations and has brought to the fore the central importance of the class struggle and the necessity for the socialist transformation of society.



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