CDC covers up spread of Omicron XBB.1.16, the latest COVID variant

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Once again, the US Centers for Disease Control and Prevention (CDC) has delayed announcing the presence of the latest Omicron variant of interest that is circulating the globe, Omicron XBB.1.16, given the name "Arcturus" by virologists. With XBB.1.5 in retreat, XBB.1.16 has rapidly gained momentum, accounting for 7.2 percent of all sequenced variants last week. However, two other new Omicron sub-lineages, XBB.1.9.1 (6.5 percent) and XBB.1.9.2 (2.5 percent), are also of concern.

The Omicron XBB.1.16 subvariant first drew international attention in India last month. It was quickly placed on the World Health Organization's (WHO) list of variants "to watch" on March 22, 2023. So far, it has been detected in at least 33 countries. However, as surveillance and sequencing are being ended, the ability of public health agencies to detect the emergence of a new variant of concern will be severely affected.

As Rajendram Rajnarayanan, PhD, an assistant dean of research and associate professor at Arkansas State University in Jonesboro, recently noted, "closing up shop too early could mean we are blindsided." He added, "You have to maintain a base level of sequencing for new variants. Right now, the variant that is 'top dog' in the world is XBB.1.16."

According to the CDC's latest "weighted estimates" of variant proportion, it appears this variant of interest had attained the 1 percent threshold for reporting as early as the week ending March 18, 2023. The CDC is required to report new variants of interest when they reach the 1 percent threshold.

By the week ending on April 1, 2023, the proportion of XBB.1.16 variants had climbed to 2.1 percent. Yet, a review of the list of variants of interest at the time in a WSWS report published on April 3, 2023, which included an examination of the CDC's tracker, found no mention of it by the national health agency. At the time, we wrote, "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. They [the CDC] have not listed XBB.1.16…" We then noted that Arcturus had been detected in 18 states and its descendant, XBB.1.16.1, was present in 14 states.

The omission of XBB.1.16 in the CDC's variant surveillance report is the third time this is has happened since last October, with only the WSWS exposing these blatant cover-ups. It coincides with the push by the Biden administration to shut down all official response to the pandemic and prematurely declare it over. Alongside every political maneuver by the White House and Congress regarding the pandemic, carried out to suit the needs of finance capital to shut down both mitigation measures and even elementary tracking of critical data in real time, the CDC has responded in lockstep.

As a prelude to the May 11 ending of the COVID-19 Public Health Emergency, President Joe Biden has signed the bipartisan-backed bill that ended the COVID National Emergency (a separate legal measure).

Professor Katelyn Jetelina, an epidemiologist and data scientist, speaking with WebMD, commented, "It's a bit ironic to have a date for the end of a public health emergency; viruses don't care about calendars. COVID-19 is still going to be here; it's still going to mutate. I'm most concerned about our ability to track the virus. It's not clear what surveillance we will still have in the states and around the globe." She added, "We still need to approach this virus with humility; that's at least what I will continue to do."

Given the current trajectory of XBB.1.16 , it is expected to become dominant in the US just as the COVID public health emergency is officially ended, leaving the population to fend for itself at a moment when the latest wave of infections gains its full momentum.

In a recent non-peer-reviewed study by Kei Sato and the Genotype to Phenotype Japan Consortium at the University of Tokyo, published on bioRxiv on April 6, 2023, the authors underscore why this subvariant, XBB.1.16, has raised eyebrows.

It is a recombination of two subvariants, BA2.10.1 and BA.2.75. They explained that the "effective reproductive number" of XBB.1.16 was "1.27- and 1.17-fold higher than

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the parental XBB.1 and XBB.1.15, respectively, suggesting that XBB.1.16 will spread worldwide in the near future." It also has robust resistance to antibodies like a variety of other Omicron variants like BA.2 and BA.5 which were dominant last summer.

The authors concluded, "Altogether, our data suggest that XBB.1.16 has a greater growth advantage in the human population compared to XBB.1 and XBB.1.5, while the ability of XBB.1.16 to exhibit profound immune evasion is comparable to XBB.1 and XBB.1.15." They surmised that these changes may be due to its newly acquired mutations.

Over three years into the pandemic, the coronavirus demonstrates persistence and an ability to constantly redefine its characteristics and find new molecular ways to infect and reinfect the population regardless of the global population immunity from prior infections and multiple courses of vaccination. This is the fundamental reason why a global elimination strategy remains the only viable approach to this virus.

Objections claiming there are more "realistic" and "practical" alternatives to such a strategy, such as "herd immunity" or "endemicity" (accepting the permanence of COVID-19), are more than short sighted. They will be catastrophic for millions more people either as a direct result of new infections or as a result of the long-term impact that infections will have on the course of their lives.

A recent report published in *Nature* underscores the impact of SARS-CoV-2 on a person's immune system. The authors wrote, "Owing to worldwide vaccination efforts, mortality due to COVID-19 has been decreasing, but we continue to witness considerable morbidity and increased rates of post-COVID-19 conditions and in particular, new-onset autoimmune and inflammatory diseases in individuals who have had COVID-19."

Among working age adults, excess deaths from heart attacks have jumped during the pandemic. It was most pronounced among those between 25 and 44 years, with excess mortality having risen from 23 to 34 percent. Among the older groups, the rise in excess deaths from heart attacks had jumped only 13 to 18 percent by comparison.

This data was corroborated by Greg Travis, an advocate of an aggressive response to COVID, who has continued to analyze the epidemiologic data on a daily basis. He found a similar rise in deaths among those 25 to 54 years old, with cardiovascular deaths jumping from a baseline of 9,319 deaths per month before the pandemic to over 11,878 deaths per month from March 2020 to April 2021, and 11,588 deaths per month from May 2021 to November 2022.

Although official COVID deaths are already over 1.1 million, excess deaths in the US are over 15 percent higher than in pre-pandemic years, or up by more than 1.25 million deaths. These are not just due to an undercount of COVID deaths and deaths as a byproduct of previous COVID infection. They also relate to the broader impact the pandemic has had on a social scale. For instance, the reason behind the drop in life expectancy in the US stems from higher mortality among young people.

The pandemic has not only exposed the rot in capitalism, but it has also heightened its destructive tendencies. And with the end of the official public health emergency, the impact on the health care system is expected to be catastrophic.

In light of these developments, a barely mentioned modeling study conducted by Airfinity found that there was a 27.5 percent chance that a pandemic as deadly as COVID-19 could take place in the next 10 years. Airfinity is a UK-based predictive health analytics company whose modeling was followed closely during China's abandonment of Zero-COVID that led to mass rates of infections and deaths at the turn of the year.

The report states, "This new risk-assessment outlines the likelihood of future pandemics under varying degrees of severity. It shows that in a worst-case scenario, an avian flu type mutation that transmits from human to human could kill as many as 15,000 people in a single day in the UK." They continued, "In recent times, we have seen an increase in the frequency of virus emergence. Climate change, the rise in international travel, a growing global population and the increasing threat posed by zoonotic diseases are some of the main factors contributing to the increase in high-risk outbreak incidences."

It is precisely in regard to such global catastrophic developments that the refusal to develop an internationally based pandemic response infrastructure could prove disastrously fatal.

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