

# The CDC will end “community level” COVID tracking with the end of the public health emergency

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The ending of the Public Health Emergency in the United States on May 11 means that the tracking of COVID-19 at the “community level” by the Centers for Disease Control and Prevention (CDC) will also come to an end, according to anonymous sources speaking with CNN. In short, COVID-19 will be included in a host of other respiratory viruses like RSV, parainfluenza and the flu that are tracked through participating hospitals in limited regions.

The present flu surveillance network coverage, per the CDC, “includes more than 70 counties in 13 states that participate in the Emerging Infections Program and the Influenza Hospitalization Surveillance Program—California, Colorado, Connecticut, Georgia, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah.” As the COVID-19 tracking comes to an end, it is expected that it will have similar monitoring, meaning the state of the pandemic will become utterly opaque.

The “community level” tracking had been adopted last February 2022, on the wake of the massive BA.1 Omicron wave. It shifted the public health data collection from daily rates of infection to focus on number of hospitalizations and resources available to the local health systems.

Overnight, maps glowing in red or magenta colors were transformed into pale green and yellow regardless of the rates of infections. Under these new threat guidelines, masks were no longer recommended, ushering in the process that has culminated to the ending of the public health emergency this month.

At the time, the CDC was severely criticized by many public health specialists, who warned that it was undermining real-time data on the state of the pandemic and minimizing the risk it posed to communities everywhere across the country.

The ending of the fraudulent “community level” tracking, so that COVID infections which are no longer being tracked in any meaningful manner, apparently means nothing to the

public health agency. Only when a person contracts COVID-19 and develops severe disease and requires treatment as an in-patient admission to a hospital, only then is data collected at specific participating health systems and reported to the CDC, which in turn will update their anemic and circuitous webpage without any real guidance on what such data means for the public’s safety.

Throughout the pandemic, it has been repeated by almost every epidemiologist and public health expert that hospitalizations are a “lagging indicator” of community spread. Such information on the recent past offers no public health advantage for the population. It is tantamount to driving a hazardous road all the while looking in the rearview mirror for your bearings.

In final analysis, the delays in reporting these figures to the CDC using the antiquated surveillance systems in place for tracking the flu mean that the early warning systems that had been in place to track SARS-CoV-2 can be considered terminated. COVID-19 is now regarded by the CDC as a permanent fixture of community pathogens.

The CDC has completely abandoned their public health responsibility to protect the population from COVID, which remains, even in a highly vaccinated and previously infected population twice as deadly as the flu.

The *Washington Post* reported on the CDC’s first in-person, multi-day conference since the beginning of the pandemic in 2020. It was held last week in a hotel in Atlanta that saw more than 2,000 attendees participate.

Presenter gave lectures and led discussions on the lessons learned on how to track and fight COVID during the week. But at the end of the conference, the CDC branch chief sent staff an email stated, “We’re letting you know that several people who attended the [Epidemic Intelligence Service] Conference have tested positive for COVID-19.”

The CDC attempted to downplay this by explaining that though they were aware of many COVID cases, they cautioned that using the term “outbreak” was not

appropriate. Interestingly, one of the infected included a person who attended the division's recruiting event on Wednesday where they had the opportunity to mingle and speak to several job candidates and representatives in attendance.

Experience has shown that such conferences, when appropriate testing, masking, ventilation and FAR UVC technology are not employed, function as superspreader events. On the other hand, the recent conference of the super-wealthy and government representatives at Davos, Switzerland, where all conceivable mechanisms to safeguard from infection were employed, proved such events can be held safely if appropriate measures are in place.

From this perspective, lack of such safeguards at the CDC conference on COVID amounts to criminal negligence. For the CDC to caution reporters on not using the term "outbreak" is a politically motivated effort to cover up this negligence.

In particular, the comments to the *Post* of a public affairs specialist for the CDC, Kristen Nordlund, were revealing of the complete disregard for the dangers posed by the pandemic. She said, "These cases are reflective of general spread in the community. It's not news that public health employees can get COVID-19." The level of contempt demonstrated by her words while thousands across the globe continue to die from COVID each week and millions suffer from disabling Long COVID and chronic health conditions worsened by infections is astounding.

In a recent opinion piece published in the *New York Times*, Beth Blauer, Lauren Gardner, Sheri Lewis, and Lainie Rutkow, scientists and public health specialists who built the Johns Hopkins Resource Center, wrote, "The four of us spent the last three years immersed in collecting and reporting data on COVID-19 from every corner of the world, building one of the most trusted sources of information on cases and deaths available anywhere. But we stopped in March, not because the pandemic is over (it isn't), but because much of the vital public health information we need is no longer available."

They noted that in the week ending April 19, 1,160 people died from COVID-19 in the US. They then stated that this figure is "in all likelihood" an underestimate. Nearly every state has discontinued reporting new cases and deaths. At present, only seven states continue to publish data on cases and deaths more than a weekly basis.

The authors observed, "We don't want to be caught off guard again. Governments at all levels should be continuing to build virus-tracking capacity that was hastily created as the COVID crisis grew. There is still much to do to fix the hodgepodge of antiquated, disconnected surveillance data systems that exist across governments. This is important not

only for the next pandemic—and there will be one—but also to help the public health community understand and address other threats that kill people every day: infectious diseases, drug addiction, gun violence, obesity, and poverty." One could add police shootings to that list.

Allowing SARS-CoV-2 unimpeded access to billions of people across the globe means the virus, like many other pathogens that have shown resilience—*Candida auris*, monkeypox, RSV, Ebola Sudan, Marburg, tuberculosis, cholera—the ability to evolve and find mechanisms to bypass the secondary defenses that constitute the armamentarium of anti-virals, antibiotics, and anti-fungals that are used to treat patients.

In a revealing article published in *Fortune*, former Trump White House COVID adviser Deborah Brix predicted that COVID will evolve to eventually evade Pfizer's drug, Paxlovid, a critical defense for the unvaccinated and those at risk of severe disease and death. "If we lose Paxlovid," she said, "We could easily double the number of deaths."

Last week's International Youth and Students for Social Equality (IYSSE) event at San Diego State University, California, in the context of the current attempts by the state apparatus to perfunctorily declare the end the COVID pandemic, is remarkable in that the first in-person anti-war rally event led by WSWS International Editorial Board Chairman David North was attended by a capacity audience of over 120 students with near unanimous mask-wearing when it was not compulsory.

This is because the International Committee of the Fourth International is the only political movement that has and continues to take the pandemic seriously. That attending students took the precautions available to them, and that HEPA filters and Far UVC lights were employed to protect the audience and organizers, speaks to the principles that the Trotskyist movement upholds.

In a perspective on the WSWS highlighting the event, Evan Blake wrote, "This aspect of the meeting verifies the analysis of the WSWS that, when educated and provided with a political perspective, workers and youth will choose to protect themselves and others. It demonstrates that the disastrous outcome of the pandemic has been entirely bound up with the refusal of world governments and corporations to implement policies necessary to slow and ultimately stop viral transmission."



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