

Chinese health authorities warn of a new surge in COVID-19 infections with the XBB subvariant

Benjamin Mateus
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On Monday, speaking in Guangzhou, capital of South China's Guangdong Province, Dr. Zhong Nanshan, one of China's foremost respiratory disease experts, announced that a wave of COVID-19 infections with the latest XBB subvariants of Omicron was building in his country.

The surge is expected to peak at the end of June, with a projection of around 65 million infections per week, the country's second largest wave during the pandemic. However, given the lack of testing, this must be considered a vast underestimate, as with any data regarding the ongoing COVID-19 pandemic. Notably, China has a considerable number of elderly and vulnerable people who remain largely unvaccinated.

As with China, other waves of infection are ripping through the populations of Southeast Asia, South Asia, East Asia and Brazil. According to the World Health Organization's (WHO) situation report, hot spots continue in Thailand, Indonesia and India, where deaths are also climbing.

In Thailand, Dr. Tares Krassanairawiwong, director-general of the Disease Control Department, confirmed that between May 14 and May 20, 2,632 patients were admitted to hospital for COVID-19. Of these, 401 had lung infections, 226 required ventilators, and 64 deaths have been documented. He attributed the surge to the rainy season and beginning of in-class instruction for children. He called for taking general precautions, wearing masks and avoiding crowded indoor spaces.

Meanwhile, in Brazil, despite attempts to conceal the real state of the pandemic, recent reports on social media and on-line sources suggest that hospitals are once more overflowing with patients, and medicinal oxygen is in acutely short supply. These have been corroborated by various medical entities, local physicians and researchers in Brazil.

Additional countries affected include Vietnam, Philippines, Mongolia and to a less extent in Japan, South

Korea and Australia. There are also spikes in cases occurring in the African countries of the Democratic Republic of Congo, Cabo Verde, Uganda and Mauritius.

These developments only confirm that the World Health Organization's (WHO) declaration that it was time to end the Public Health Emergency of International Concern (PHEIC) was premature. Rather than a serious assessment of the state of the pandemic, it more resembles the declaration of "mission accomplished" made by former President George Bush two decades ago, on June 5, 2003, in premature celebration of US imperialism's conquest of Iraq.

While the wars of US imperialism over the last quarter century have killed over 4 million people, the deliberate decision by the ruling elites to give free rein to this deadly, contagious pathogen, which could have been eradicated in short order, is responsible for 20 million deaths and severe health consequences for tens of millions more.

According to Chinese health officials, by early May the new XBB subvariants, which were born out of the recombination of two previous Omicron strains, accounted for 84 percent of all sequenced SARS-CoV-2 viruses, up from a miniscule 0.2 percent in mid-February. It should be recalled that when the Chinese authorities lifted their Zero-COVID policy late last year, a tsunami of infections with the BA.5 Omicron subvariant hit the entire country, with estimates of over 1 million deaths.

That a new wave of infections has appeared on the horizon three months later only demonstrates in stark terms the immune-evasive and contagious property of these continuously evolving strains and the criminal irresponsibility of the decision to end Zero-COVID.

Shanghai, that had beaten back the BA.1 subvariant just over a year ago, is now facing XBB.1.16, XBB.1.16.1.1 (Pangolin lineage FU.1), XBB.1.5, XBB.1.9.1 and multiple offshoots of the BA.5 subvariant.

The Chinese National Health Commission, like every other state health institution, continues to underplay the

implication of the new surge with the oft-repeated claim that there is no significant change in the pathogenicity of newer variants. But by calling for “developing more effective vaccines,” Chinese officials are effectively conceding the mounting dangers to the population. A study from the Chinese Center for Disease Control (CDC) recently showed that in a sample of 368 COVID-19 infections, 104 were reinfections and a majority of those reinfected had previously received a booster.

Xie Xiaoliang, a biophysical chemist at Peking University, said at a recent academic conference, “Global data shows that mutations in the virus can intermittently trigger multiple rounds of peaks in infections, roughly once every five months, so researchers need to be prepared for a possible peak in outbreaks this winter.”

Xie Liangzhi, chairman of Beijing-based SinoCellTech, told the *Global Times*, “The vaccines based on original variants are not designed to prevent infection by new variants. The former cannot induce sufficiently effective neutralizing antibodies against the mutated strain, whereas the new generation of vaccines, which are more targeted, can induce sufficient and effective antibodies.”

Even the WHO’s Technical Advisory Group on COVID-19 Vaccine Composition has acknowledged that the current vaccines’ efficacy against symptomatic disease is limited and declining with the XBB.1 lineages. They are recommending changing the formulation directed at these strains—such as XBB.1.5 or XBB.1.16—and shifting monovalent formulations, discarding the vaccine against the original strain as it no longer circulates.

Such admissions only underscore the continued failure of the vaccine-only strategy that the WHO itself had previously warned against. They had openly stated that vaccination without mitigation of the disease to the utmost possible extent was untenable as a pandemic control strategy. Its adoption now by the WHO is a scientific retrogression and a capitulation to the political pressures the agency has faced from the beginning of the pandemic.

The only viable solution to the present pandemic calamity is the reimplementation of the core public health strategies that have been proven effective for centuries, such as quarantines, isolation and masking, while every effort is directed to the development of pan-coronavirus and mucosal vaccines, as well as including therapeutics and infrastructure planning to ensure indoor air quality is verified free of pathogens.

A study published last week in *Nature* by Sato Labs from the University of Tokyo offered a glimpse into the virological characteristics of the SARS-CoV-2 XBB variant. As previously noted, the XBB evolved out of the recombination of two previously co-circulating BA.2

lineages, BJ.1 and BM.1.1.1, last summer, a “landmark event in the pandemic,” according to Dr. Rajeev Jayadevan, co-chairman National IMA COVID Task Force & past president of the Indian Medical Association. Essentially, all previous variants involved individual mutations. XBB represents a qualitative change, as convergent evolutionary pathways enable the coronavirus to develop more complex adaptive capacities.

As the authors of the report note, “To our knowledge, this is the first documented example of a SARS-CoV-2 variant increasing its fitness through recombination rather than substitutions.” They also found that XBB.1 had a “profound resistance to antiviral humoral immunity induced by vaccination or breakthrough infections of prior Omicron subvariants, consistent with reports from other groups.”

It should be added that although XBB’s pathogenicity remains similar to its predecessors, it is no guarantee that future variants will not evolve more lethal versions. Recombinant events could very well link a highly transmissible variant like XBB with a variant that has similar tropism in deep lung tissue like Delta, leading to a variant with both characteristics: greater infectiousness and greater deadliness. That it has not happened yet is simply a case of blind luck.

As the WHO noted, the first two years of the COVID-19 pandemic erased 337 million life years for the world’s human population. More worrisome, annual world statistics are also showing that there is a growing threat from non-communicable diseases such as heart disease, diabetes and cancer. That COVID-19 is contributing directly and indirectly in this sphere is no longer a matter of debate.

All the public health gains in the first two decades of the 21st century are quickly being erased. Global life expectancy has plummeted. Diseases like HIV, cholera, tuberculosis and malaria are making gains again as access to necessary health care is being destroyed due to capitalism. Meanwhile, the threat posed by novel emerging pandemic pathogens has only grown in the face of inaction by governments all over the world and the demise of effective public health systems.



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