

Six months after the lifting of Zero-COVID

China's second wave of COVID-19 infections, deaths, debilitation, and government lies: Part 1

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This is the first part of a four-part article. Read Part 2 here, Part 3 here and Part 4 here.

Six months after the Chinese Communist Party (CCP) lifted the last remaining public health measures associated with the Zero-COVID elimination policy on December 7, 2022, China is once again in the throes of a devastating second major wave of COVID-19 infections and deaths. At the same time, there has been an outpouring of reports on social media of people suffering from persistent symptoms associated with Long COVID.

Over the course of three years, China's Zero-COVID policy protected the health and lives of the country's 1.4 billion people. Between the outbreak of the COVID-19 pandemic in Wuhan, China, in January 2020 and November 2022, there had only been roughly 323,000 infections and 5,233 deaths in mainland China, infinitesimal figures relative to all other countries where COVID-19 was allowed to spread freely.

Other than a handful of temporary lockdowns at several major cities, the vast majority of the population was able to carry out daily activities without worrying about contracting COVID-19. Terms such as "reinfections," "long COVID" and "COVID orphans" had not entered the lexicon.

However, everything was turned upside down with the sudden abandonment of all Zero-COVID measures virtually overnight, which resulted in a tsunami of infections and deaths last winter. Most estimates placed the death toll at a staggering 1 million-2 million people in just three months.

For a few weeks, nothing else was discussed on social media platforms except COVID-19 infections, symptoms, extremely crowded hospitals, shortages of N95 masks, lack of access to any kind of COVID tests, and the deaths of loved ones. Everyone knew a few dozens of people who were ill and most likely infected. One obituary followed another. The logistics industry was paralyzed for days.

Amid this undeniable disaster, in which the great mass of the population suffered so much, public health officials sought to allay fears by recycling the same propaganda and lies first promoted by the Western imperialist powers. They falsely proclaimed Omicron "mild" and peddled the falsehood that China was going through a one-time "exit wave." No matter how terrible the price had been, everything would return to pre-pandemic normalcy once the December wave was over.

This illusion is now completely shattered with the onset of a second major wave of infections. Beginning in late April, there has been a substantial uptick in reports and discussions on social media about people being reinfected with COVID-19, with the topic trending many times on social media. This continued to increase substantially during and in the

aftermath of the International Labor Day national holiday, when hundreds of millions of people traveled across the country and fueled the further spread of the virus.

During a May 8 press conference by the National Health Commission (NHC), officials were compelled to respond to growing public concerns over a second pandemic wave. According to the Chinese Center for Disease Control and Prevention (CDC), by late April the Omicron XBB.1.9, XBB.1.16 and XBB.1.5 subvariants constituted roughly 75 percent of all infections in China, displacing the Omicron BA.5.2 and BF.7 subvariants.

Speaking at a biomedical conference in Guangzhou on May 22, Dr. Zhong Nanshan, a respiratory disease expert and one of the architects of China's Zero-COVID policy, acknowledged the second wave of infections, stating, "We have foreseen this." Zhong announced at the same conference that based on SEIRS epidemiological modeling for infectious diseases, the second major wave will peak towards the end of June, with roughly 65 million infections expected each week.

Likewise, similar projections were made in a June 7 *Nature* article titled, "China's rolling COVID waves could hit every six months—infecting millions." The article quoted estimates made by Dr. Cao Yunlong, an immunologist at Peking University, that "at least 30% of the population could become reinfected in this wave, amounting to more than 400 million people."

Public health officials regurgitate Western propaganda about COVID

Facing mass infections, deaths and social misery since last December, the CCP regime has made clear that there will be no return to anti-COVID restrictions. In doing so, they have recycled all sorts of unscientific claims and blatant lies used by the rest of the world's capitalist governments to justify the turn to "herd immunity" and to confuse and appease a suffering population. Amid the ongoing second surge, the Beijing regime has deepened this strategy.

The first pressing business is to downplay the scope and seriousness of the current wave. During the same May 8 NHC press conference, Liu Qing, an official from the National Administration of Disease Control and Prevention, claimed:

From our monitoring of FURI clinics, there has been a small

uptick across the country during the International Labor Day holiday. However, there is not a substantial increase in severe cases across the country and normal clinical service has not been impacted. Overall, infections have been sporadic and scattered ... and we do not see another nationwide wave of massive infections.

After admitting the “objective law” that “vaccination and immunity from previous COVID infections will wane over time,” Liu concluded that “some areas will experience a small-scale resurgence in cases” after International Labor Day, but “a regional massive outbreak seems unlikely” and “in short-terms, there will not be a big impact on the medical system or any social functions.”

However, in a May 28 interview, CDC research fellow Wang Liping had to acknowledge that there has been an increase in the number of patients visiting FURI clinics since late April. But she still tried to downplay the seriousness of the situation by issuing a disclaimer that the increase in patients “is still far lower than that during the peak of last wave of infections ... and most patients’ symptoms are mild.”

As these “predictions” have been completely refuted by the already widespread infections even before the projected peak, other health care officials are promoting the lie that another wave of mass infections will be almost inconsequential.

During an interview in late May, Zhang Wenhong, chief of the Infectious Diseases division at Shanghai’s Huashan Hospital, said that “the emergence of a ‘second wave’ follows scientific laws. ... However, the current wave has a smaller amplitude; symptoms are mild; medical resources are ample and effective.”

Zhang went on to proclaim that “our mortality rate will be extremely low ... [so the surge in cases] should not create a big impact on our economic life as a whole and we should not take excessive measures against it...”

More public health officials reiterated this lie that COVID-19 is not dangerous. At the May 8 NHC press conference, Liang Wannian, a leading member of the COVID response group, asserted:

First, under the current epidemiological situation, the number of reported infections, hospitalizations, severe cases, and deaths are at low levels worldwide and continue to decline.

Second, even though the virus undergoes constant mutation and some variants show higher levels of immune resistance, the prevalent Omicron variants do not show much change in their virulence, pathogenicity, or morbidity and mortality.

Third, although the risk of infection remains high globally, the population has established a relatively good immune barrier through natural infection and immunization.

Fourth, for more than three years, every country has strengthened the capacity of their health care and public health systems, including improvement in human resources, prevention and control, vaccines and medications etc.

Liang thus concluded that we have reached “a balance” between the virus and the population’s resistance to it.

Wang Guiqiang, chief of the Infectious Diseases division at Peking University, stated at the same press conference, “Whether you are reinfected or are infected by the new variant, [symptoms] are similar, most of which concentrate in the upper respiratory system. Severe cases are very rare so far, and most cases are asymptomatic or mild.”

In a May 28 interview, Li Tongzeng, an infectious disease specialist at Beijing’s You An Hospital, declared:

From what we have observed, people who have been reinfected are mostly young and healthy, most of whom are in the age range of 18 to 60. Overall, after these people are reinfected their symptoms are obviously milder than their first infection. ...

This is why people are not as nervous as last time. Generally speaking, these young and healthy people with properly-functioning immune systems have gained resilience after the first infection. As a result, when they face a second infection, they feel more at ease, can defeat the virus more easily, and recover more quickly.

Of course, some hypocritical postures were made, including feigned concern about the implications for the most vulnerable elderly and immunocompromised sections of the population, as well as those with underlying conditions.

Wang Guiqiang stated at the May 8 NHC press conference:

[We] still emphasize that clinically, we need to pay special attention to high risk population—the elderly, people with serious underlying conditions and those who are not vaccinated. These groups need to be careful, protect themselves and wear masks in everyday life and when they go out, especially at crowded or not ventilated places.

In other words, the most vulnerable sections of the population must now fend for themselves against an airborne and highly transmissible virus.

In the meantime, as the whole “exit wave” narrative was exposed as a lie, the CCP regime has been compelled to admit that there is really no end to the pandemic after the lifting of Zero-COVID.

Chen Guolin, a doctor from the First Affiliated Hospital of Harbin Medical University, said during a recent interview that “as the virus keeps mutating and as antibody level drops, there will certainly be a third [wave], even a fourth [wave].” He then declared:

[For] normal people, COVID can be treated as regular flus. Only for those who are immunocompromised, with underlying conditions or have aged, [the pandemic] needs to be treated seriously. When infection rates are high, they should try to avoid crowded places, have good ventilation, wear masks, seek medical help immediately and get anti-viral treatments.

Lies about the possibility of breakthrough infections among the vaccinated population have also been promoted.

Cai Weiping, chief expert at the Center of Infectious Diseases of Guangzhou No. 8 People’s Hospital, recently stated, “The percentage of a second or multiple reinfections is about 10 percent, according to studies from abroad ... the percentage of re-infection after being infected with Omicron is even far lower than this number.”

In reality, it is well-known that due to ongoing and accelerating viral evolution the existing vaccines now provide very little protection against infection or reinfection.

Another expert in public health, Professor Luan Rongsheng from Sichuan University, made a similar unscientific comment. He claimed that “as [the virus] mutates less and less, as subvariants stabilize, and as their pathogenicity declines, antibody formed from previous [infections] can still lower the risk of re-infection. Even if one is infected again in the future, symptoms will be milder and the course of the disease will be

shorter.”

The possibility of Long COVID, which has been described by experts as a “mass disabling event,” which is now likely impacting hundreds of millions of people globally, has also been largely denied by Chinese officials and scientists. The same Dr. Li Tongzeng asserted:

Some patients just recover slowly. If we follow the definition from the WHO, if one still has symptoms three months [after infection] and these symptoms have lasted more than two months, we can call them ‘post COVID-19 conditions.’ In fact, very few patients meet this criteria. Some patients are simply not fully recovered after a month or two and rush to see a doctor.

Actually, there are only very few people who come to see a doctor because they have symptoms for over three months. There are reports from other countries about having more serious post-infection conditions after a second or a third infection, but these are mostly the vulnerable section of the population—the elderly and people with a lot of underlying conditions.

To be continued



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