As ninth COVID wave sweeps Japan, wastewater data show another surge beginning in the US

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Over the past three weeks, wastewater data monitoring COVID-19 provided by *Biobot* has shown a 50 percent increase in viral transmission in the US, a significant increase, which indicates that the country may be in the initial stages of yet another wave of the pandemic.

Based on estimates by scientist and disease modeler J.P. Weiland, these wastewater data indicate that at present there are now roughly 280,000 daily infections. In other words, roughly one in every 1,180 people in the US is being infected each day and one in every 118 people is currently infected with COVID-19, given that the average infection lasts roughly 10 days.

Given the complete scrapping of official COVID-19 testing and data collection by public health officials and reporting on the pandemic by the media, reliance on the efforts of individual scientists has become indispensable.

The latest summer wave of infections is not only limited to the United States, as another surge is now underway across Japan and China's second wave of mass infections has only just begun to ebb.

The Japanese health ministry recently stated that the average number of COVID-19 cases reported through their 5,000 sentinel surveillance designated medical institutions has seen cases rise four-fold since the first week of May into the first week of July. The figures for Okinawa prefecture, the epicenter of the current wave, are seven-fold higher than the national average.

Shigeru Omi, president of the Japan Community Health Care Organization, and previous regional director of the Western Pacific Regional Office for the World Health Organization (WHO), said during a press conference last month, "A ninth wave may have started. As people have been increasingly in contact with others, the rise in infections is as expected. I don't know if the number of infected people will surpass that of the eighth wave, but we should focus on reducing the number of deaths and ensuring the continuity of social activities."

In other words, Japan will continue to follow the "herd immunity" policy whereby economic relations are prioritized above public health, while giving lip service to protecting the elderly and vulnerable from severe infections.

In Hokkaido, Japan's second largest island and northernmost prefecture, five high schools had to close this past week due to COVID infections. Looking across 221 medical institutions, there had been a 10 percent rise in cases from the previous week with the highest number of cases in Fukagawa and Sapporo. Local officials are concerned that school festivals scheduled for the past weekend will ignite more cases for these "indoor events."

In Yaeyama Prefecture, which are the remotest islands in Japan and sit southwest of Okinawa, the main hospital located in Ishigaki, the political and cultural center of the islands, is having to restrict normal services like surgeries and basic medical procedures to accommodate for the care of patients suffering from severe COVID infections. About 10 percent of the 600 staff have also been placed on medical leave as they deal with their own COVID-19 infections.

In Okinawa prefecture, the situation remains at a crisis level in which medical centers are at or near capacity and sick and ailing patients cannot find transportation or available medical centers for treatment.

The *Okinawa Times*, a local newspaper, recently reported that at the Yuai Medical Center in Tomigusuku City, "An elderly person collapsed and appeared to be unconscious." The fire department requested a physician on the scene and the head of the emergency department came to tend to the patient. Such incidents where an emergency medical team are called to the scene have jumped five-fold and are very taxing in a limited-resource center like Okinawa.

Dr. Masanao Yamauchi told the local paper, "I don't want to see anything like last summer, where I repeatedly refused to accept them [emergency cases]."

As one nurse admitted, these cases may be related to COVID-19, but they no longer test or examine asymptomatic people and prioritize care to those with high severity. Dr. Yamauchi added, "It's like walking through a tunnel with no exit in sight. … To be honest, it would be physically and financially easier not to see the coronavirus, but I can't say that."

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Other prefectures on Japan's third largest island, Kyushu, are reporting rising COVID infections, including Kagoshima, Miyazaki, Kumamoto and Saga. In July 2022, the surge of the BA.5 Omicron subvariant had seen daily infections exceed 260,000 per day across Japan. Currently, Omicron XBB.1.5 and XBB.1.16 are the two dominant subvariants, as is the case in many countries globally.

In line with the WHO's abrupt and unscientific declaration of an end to the Public Health Emergency of International Concern (PHEIC) in early May, the Japanese government rapidly moved to downgrade the surveillance category of COVID-19 from a Class 2 to a Class 5 disease, equivalent to a seasonal influenza. This prompted a shift to sentinel surveillance in which case counts are no longer reported, similar to recommendations that were made by the European and US Centers for Disease Control and Prevention (CDC).

In effect, rather than tracking and tracing daily COVID infections and hospitalizations, the impact of the pandemic will only be measured through monitoring rates of cases at designated medical systems. The details of the infections and their outcome will not be available for public health systems to monitor, which function to promote the policy of "forever COVID" that has morphed into "forget COVID."

Indeed, a look at the "Our World in Data" website on the COVID-19 pandemic in Japan shows an abrupt end to "daily new confirmed COVID-19 cases" on May 10, 2023, just as cases were beginning to climb. It is evident that the current and ongoing wave of infections was well underway when all real-time surveillance was abruptly ended.

Across Japan, Summer 2022 saw more than 10,000 official COVID deaths. By May 2023, when all serious tracking of the pandemic ended, close to 75,000 Japanese had officially died. Estimates of excess deaths associated with the pandemic now stand at just over 220,000, roughly triple the official figure, with the majority occurring in the last 12 months during the Omicron reign of the pandemic.

These trends have considerable consequences for Japan. Given that the country had initially taken a limited mitigationist approach against infections at the start of the pandemic, this has also meant that the seroprevalence of antibodies against SARS-CoV-2 in the population has remained considerably lower than those in Europe and North America by nearly half the rate.

According to Japan's Ministry of Health, Labour, and Welfare, by February 2023 as much as 42.3 percent of Japan's population had previously been infected, compared to 76 percent in the UK. This meant that the population as a whole, especially the elderly and immunocompromised, have remained far more susceptible to COVID infections with Omicron.

This only further underscores the complete negligence on the part of the WHO and the global declaration of the end of the pandemic. Variant evolution is continuing unabated, with the current waves in Japan and the US driven by recombination XBB variants. In effect, global public health agencies like the WHO, CDC and others are letting the firefighters go home while smoldering embers continue to burn in the dry arid forests.

By June, Omicron XBB subvariants grew to account for 95 percent of global SARS-CoV-2 in circulation, while new subvariants are emerging. In Australia, the XBC subvariant, which has a Delta-like mutation, is on the rise. EG.5, the XBB.1.9.2 subvariant with an *S:F456L* mutation that confers increased immune escape, is now the fastest-growing lineage globally. First sequenced in Indonesia in February 2023 and first observed in the US in March 2023, it grew to account for 5 percent of all variants by June.

The variant XAY, first identified in South Africa in June 2022, is a recombinant of Delta and Omicron which began making its way into Europe in early 2023, in particular Denmark. By the end of March, GL.1 and XAY.1.1.1.1, each with two additional mutations, appeared in Spain and by May had been transmitted to Portugal, Ireland, England, Wales, Austria and Italy.

However, due to drastically reduced sequencing globally, it is becoming more difficult to follow viral evolution, like chasing footprints in a heavy snowfall.

Without a concrete effort to divert more resources to viral sequencing and tracking, and given the complete abandonment of public health, the situation in Japan is emblematic of the present danger in the current state of the pandemic. Indeed, it may be a harbinger of shifts in the pandemic's trajectory that could put millions of people at peril throughout the world.

These warnings are not mere hyperbole and fear mongering. They have been arrived at by a careful analysis of the pandemic from its earliest days and the criminal response enacted by capitalist government to the dangers these pathogens pose. The precautionary principle informs social response to such pathogens and other social threats.

However, given the advanced state of decay in capitalist relations there is little the imperialist powers will do to stave off pandemics, wars or the destruction of the planet through their chaotic and deranged endeavors. Only the working class, armed with the revolutionary principles of scientific socialism, has the ability to address the most urgent tasks set before all of humanity.

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