

# The summer surge of COVID infections is accelerating across the United States

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Even with the extreme scarcity of available data, there is sufficient information from the limited reporting on levels of SARS-CoV-2 in wastewater to conclude a summer surge in COVID infections is well under way in the United States. It began even before mid-May, when President Joe Biden terminated the national COVID emergency response, effectively turning out all the lights on any direct measurement of the state of the pandemic.

As shown by the CDC graph below, in April 2023 levels of SARS-CoV-2 in wastewater began to rise steadily, an indirect indicator of community-level spread. Over the month of June, there was a more than 60 percent rise in wastewater levels of the virus, with more than 1,300 sites participating in providing the public health agency with data.

It is worrisome however that in the last two weeks of July there has been a precipitous drop in the number of sites reporting these figures (a 22 percent decline) with a corresponding blunting of the SARS-CoV-2 levels reported. Although the CDC explained that this is a normal lag and data would be added retroactively, given the agency's previous lack of transparency, such assurances cannot be taken as read.

For instance, a similar phenomenon occurred in late December 2022 when there was a precipitous drop in SARS-CoV-2 wastewater levels with a corresponding drop in the number of sites reporting, amid an ongoing winter surge of infections.

The CDC blamed the Christmas holiday season for the aberration, but this was completely irresponsible. Precisely when a massive surge in cases was under way, the necessary data to "inform the public" was conveniently unavailable. There was a huge drop in the virus level, but that is likely due to the sites that contribute most, in metropolitan areas, going dark.

It would not be surprising to see this effective blackout repeated, so that in the next few weeks we might hear the CDC claim that the summer break led to a decline in participating facilities, hiding the advance of another surge.

If one were to extrapolate the end of June projections into July, they suggest not only has the peak in cases not been reached, but that it will match or exceed the level of COVID in previous winter and summer peaks. Data from *Biobot Analytics*, which is considered more reliable than the limited CDC reporting, confirms the ongoing surge in wastewater coronavirus right up to the present.

*Biobot* explained that they use statistical techniques that adjust for dilution and population size and, as wastewater-based epidemiology advances, they will adjust to account for the technical factors and introduce "the concept of effective concentration as a transparent and future-proof approach" that will ensure the data reliably reflects trends in the population-wide COVID-19 burden."

As *Biobot* noted, the current epicenters for the summer 2023 COVID surge are in the Northeast and South, where in conjunction with the rise in wastewater virus levels, the heat wave and the air pollution from the Canadian forest fires have driven people indoors. In California, Los Angeles has recently reported a rise in COVID cases although their figures, as they note, represent only a fraction of actual COVID cases, suggesting the summer COVID wave is just beginning in the second largest US city.

The reliance by the CDC on wastewater surveillance underscores the reality that such indicators lack any real-time value, are prone to manipulation and provide little clinical guidance to direct local public health authorities and health systems. The agency uses

wastewater tracking to inure the population against the threat posed by COVID or any other pathogen, while maintaining the farce that the national public health edifice is functioning to protect the population, although hardly anyone believes that any more.

As data scientist and modeler JWeiland noted on his Twitter social media account, the current wastewater SARS-CoV-2 levels correspond to an estimated daily infection rate of more than 310,000 or a ratio of one in every 1,060 people becoming infected every day and at least one percent of the population currently infected. Irrespective of the current low fatality rate which is still higher than the flu and could skyrocket should viral evolution produce a more deadly variant, as it has in the past, one in 10 people infected with Omicron sub-variants develop Long COVID, regardless of disease severity or age.

As Dr. Marc Sala of Northwestern University Medicine recently said, “You will have many patients come to us still in good numbers to fill up our clinic with maybe the third, fourth, fifth infection and now having finally developed post-COVID syndrome ... with symptoms that are enough to be disabling to their lives as previously known.” Although these patients are filling up hospitals and ICUs as in the past, the long-term implications are even worse. Long COVID is already the third leading cause of neurological disorders.

In children, the lingering effects after a COVID infection can include various neurocognitive complaints like loss of smell, fatigue, and brain fog. These lead to the inability to think or remember clearly. More serious signs include atrophy of the brain’s grey matter, which can be associated with cognitive dysfunction and symptoms like anxiety and depression. These findings have been repeated internationally and will have long-lasting consequences and harken back to the lie perpetrated during the first years of the pandemic that children are immune to the ravages of the disease.

Nonetheless, the current surge has finally provided the first clinical glimpse of its impact on the national arena despite the very limited surveillance capacity. Emergency room visits climbed 7.1 percent compared to the previous week. The test positivity rate, which must be considered flawed data due to extremely limited numbers actually being reported, is up a half-

percent to 6.3, though it is higher in areas corresponding to the highest wastewater metrics. And according to Weiland’s modeling, COVID hospital admissions may triple by the end of August.

Despite all this, there is no urgency on the part of the Biden administration to heed the data, as they prefer to tell the country to forget about the coronavirus. Meanwhile, they are amply briefed on the state of these pathogens and take measure to employ every means possible to protect themselves, including using frequent testing, as Press Secretary Karine Jean-Pierre admitted last week.

A reporter found that a COVID-positive delegation from Israel had recently visited the White House, and asked whether Biden had been potentially exposed. Jean-Pierre replied, “As you know we have testing protocols whenever someone meets with the president. So, I can tell you that anyone that meets with the president gets tested. I do. We all do.”

As experience at the meeting of the world’s elites at Davos, Switzerland, had shown, no expense or technology is spared to protect the wealthiest. Meanwhile, any talk of future COVID vaccines for the mass of the population has assumed a rhetorical character. Only 17 percent of the US population has received the updated “bivalent” boosters, meaning population immunity to any of the subvariants is essentially negligible. And rather than bringing attention to the current surge and moving to vaccinate the immunocompromised and the elderly, the shift to a newer monovalent COVID vaccine for the fall using the XBB subvariant is moving at a snail’s pace.

By the time the latest and greatest vaccines are finally on the commercial market by late September, as is being promised, new strains such as EG.5 and XBB.2.3, which are gaining momentum, will become dominant, making these vaccines outmoded once more.



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