The evolution of the Omicron variants and the policy of forever COVID

Benjamin Mateus
3 September 2023

Allowing the SARS-CoV-2 virus unimpeded access to billions of people has raised the alarm among scientists that viral evolution will most likely lead to another event similar to the one experienced in late 2021 with the emergence of the Omicron BA.1 variant that harbored 35 distinct mutations in its spike protein from the original wild-type variant that emerged in Wuhan, China, in late 2019.

The unprecedented global wave of infections with BA.1 at that time, with estimates of 125 million daily COVID infections in mid-January 2022, resulted in an excess death count of over three million worldwide in just three months. And since that massive wave, viral evolution has spawned numerous versions of the Omicron lineage that number in the hundreds, with multiple waves of global infections by those that have become dominant. These have become hallmarks of the policy of the ruling elites to acclimatize the population to endless infections with COVID-19, as the pandemic now approaches the end of its fourth year.

In particular, the latest Omicron subvariants are developing much more complex immune-evasive characteristics and improved transmission capabilities. For instance, the new BA.2.86 variant (dubbed Pirola), first detected in Denmark on July 24, 2023, and later classified by the World Health Organization (WHO) as a Variant Under Monitoring on August 16, based on just four sequences, has 34 distinct mutations in its spike protein compared to its immediate ancestor, BA.2. It has 36 mutations relative to XBB.1.5, the strain used for the latest iteration of the COVID vaccine, and 58 mutations relative to the early Wuhan strain.

As of this writing, the Pirola strain has now been detected in 14 countries across the globe where some semblance of viral sequencing remains in place. In the US, as of September 1, five states—Michigan, New York, Virginia, Ohio and now Texas—have reported this variant, which means it is already widespread regardless of the small number of cases so far detected.

Preventive medicine and infectious disease expert at Vanderbilt University Medical Center, Dr. William Schaffner, told ABC News, “It is starting to spread here in the United States, as well as in other parts of the world. It’s clearly contagious, as are all of these subvariants of Omicron. As we all know, these COVID viruses are not localized just to one country or another. They don’t need a passport. They’re capable of spreading… and can spread rapidly around the world.”

Recent analysis done by Dr. Yunlong Richard Cao and his team at Peking University BIOPIC on the Priola variant showed that although it has a lower infectivity than XBB.1.5 (Kraken) and EG.5 (Eris), it has significant ability to escape immunity derived from XBB infection or vaccination. Cao remarked on social media, “Indeed, BA.2.86 can induce significant antibody evasion of plasma isolated from convalescents who experienced XBB breakthrough infection or reinfections. BA.2.86’s immune evasion capability even exceeds EG.5 and is comparable to ‘FLip’ variants (XBB.1.5 + L455f&F456L).”

Although the Pirola variant’s infectivity appears to be lower, which may dampen its transmission potential, its antigenically distinct features may mean that a variant has emerged that can infect concurrently with the other variants. In other words, it might complement their ability to transmit their genetic materials, which poses the risk of simultaneous infections which might lead to recombinant features where virulence, immune-escape, and receptor binding can be further enhanced.

As University of Guelph evolutionary biologist T. Ryan Gregory warned following the publication of Cao’s results, “Remember XBB (immune evasive but compromised ACE2 binding, didn’t do much) vs XBB.1.5 (restored ACE2 binding, became globally dominant). It’s the descendants we need to think about as much as the current variant.”

Unsurprisingly, excess deaths have remained stubbornly elevated, hovering around 8,000 to 10,000 daily deaths above what is expected, despite attempts to cover for these policies through the purposeful dismantling of nearly all necessary epidemiologic data on the ongoing pandemic.

Yale immunologist and Long COVID researcher Dr. Akiko Iwasaki, who has described the mass disabling event of Long COVID as a “pandemic in a pandemic,” recently told Austrian media outlet *Der Standard* that the conservative estimate that 65 million people could be suffering from Long COVID “may be too low.”

Iwasaki noted that “the fact that the pandemic is no longer defined as a public health emergency does not mean that the

© World Socialist Web Site

virus is gone… I understand that it is important for society and for economic reasons to reopen. But wearing masks in crowded spaces or improving ventilation to make workplaces and other indoor spaces safer must continue."

She added, "Long COVID is one of the post-acute episodes of COVID. But there is also an increased risk of other consequences such as heart failure, stroke, or diabetes. We may see in ten years that other risks will also increase after a SARS-CoV-2 infection: autoimmune diseases, neurocognitive or neurodegenerative disease... If we could avoid infections altogether, that would be a solution to all these problems."

At present, due to the dismantling of surveillance systems globally, wastewater levels of SARS-CoV-2 genetic material provides the only means of assessing the current surge of the pandemic. This global wave, as characterized by accessing data for the US through Biobot Analytics' COVID-19 wastewater monitoring, the only comprehensive platform available to the public, indicates that the summer surge that began in late June is only continuing to build. Since the return to public schools and universities by tens of millions of children, adolescents and young adults, the surge is beginning to accelerate. For the US, this translates into almost 622,000 daily COVID infections, with 1.9 percent of the population, or 6.3 million people, currently infected with COVID-19.

Last week, Dr. Deborah Birx, former White House Coronavirus Response Coordinator under Donald Trump, commented on the Biden administration and the Centers for Disease Control and Prevention's (CDC) policy of allowing mass infections to run rampant in the US, without an inkling of concern about the implications posed by this anti-scientific and anti-public-health strategy.

Birx explained, "We're living in this, a bit of a fantasy world, where we're pretending that COVID is not relevant. But I can tell you, if you can hear my voice and you know two to three people who have COVID, that means that 5 to 10 percent of your friends already have COVID. That means that there is a lot of COVID out there, and we're not testing for it and we're not telling people to get tested."

Responding to a question regarding the promise of the as of yet unmaterialized fall boosters, Brix said:

> The important thing is, this is the booster that *would* have been appropriate for the summer wave. This booster is most likely not going to work with the winter wave, because we already have a pretty significant escape mutant or escape variant out there that's beginning, just like the current variant, began like eight weeks ago. We are already beginning to see some evidence of a new variant for which the vaccine probably is not well matched.

Birx suggested that the administration and CDC should be preparing and making COVID vaccines that target the Priola variant for December, in order to combat the expected winter wave in January. Birx then admitted that unfortunately immunity derived from infections and vaccines is "short-lived," where in some cases people are susceptible within four weeks or as late as three to six months. These have significant implications for immunocompromised people, numbering in the tens of millions, who may have to be on a more intensive vaccine schedule, taking into account the latest variants, to ensure the vaccines are appropriately selected.

The scientific and epidemiological realities of the capitalist "forever COVID" policy, which is now a global social phenomenon, demonstrates the real meaning of the CDC's reactionary policies on infection controls and masking, as well as the recent comments by former director of the National Institute of Allergy and Infectious Diseases Dr. Anthony Fauci, where he declared that older people, the ill and disabled, "will fall by the wayside" during the current surge.

The supposedly "mild" Omicron has a lethality up to four times higher than the flu, and is far more transmissible and omnipresent regardless of the seasons. It remains one of the top five leading causes of death in the US.

This viral Frankenstein's monster has been created by capitalism's diktat that profits will always supersede considerations of the population's well-being and life. Public health as a democratic and social right of every person has been completely uncoupled from the social functioning of the state's responsibility.

The speed with which the virus is moving ahead seems to have caused a paralysis of will, like watching the fires run ablaze across a town, a building, or the countryside. This is not a problem of individual policy-makers, however, but an expression of the dead end of the capitalist system which demands adherence to the requirements of "the economy," i.e., profits, even at the expense of human survival.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site