Australia: Surge in human metapneumovirus due to elimination of COVID safeguards

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10 October 2023

New South Wales Health data for the end of September showed a surge in lower respiratory tract infection human (HMPV), with 1,168 cases out of a population of more than 8 million. This was a steep increase from 648 cases a fortnight earlier. These figures will be a vast underestimation of the real situation as only patients who present to hospital are tested. Medical authorities consider the surge is due to the relaxation of measures aimed at halting the continuing SARS-CoV-2 pandemic.

"What we're seeing is the resurgence of respiratory viruses. For the first two years of the pandemic we basically have very little circulation of respiratory viruses because of all those COVID social distancing measures. … We've now seen an uptick as we've seen in flu and RSV, and HMPV is yet another virus," NSW Chief Health Officer Kerry Chant told the Australian Broadcasting Corporation (ABC).

Even though Australia experienced a spike in COVID infections in May, the Albanese Labor government and the media acted as if the pandemic had ceased to exist. In the week ending May 26 there were 184 COVID deaths across the country with 41,399 COVID infections.

This program was mirrored internationally with the US President Biden ending the COVID-19 emergency. The surge of the HMPV virus and other respiratory tract infections is a consequence of this "forever COVID" policy.

HMPV symptoms are similar to those of influenza and Respiratory syncytial virus (RSV)*:* cough, fever, nasal congestion, and shortness of breath. Very young children and older people are the most prone to succumb to the virus, which can develop to pneumonia, bronchitis and death in some children and in people who have underlying conditions. Surges in HMPV cases usually occur in late winter and spring in temperate regions of the world.

HMPV is caused by a ribonucleic acid (RNA) virus in the Pneumoviridae family and is closely related to a type of bird flu, Avian metapneumovirus (AMPV). Scientists think that the HMPV virus probably originated in an unknown bird species approximately 200 million years ago and then jumped across to humans.

The pneumoviridae family of viruses also includes measles, mumps and parainfluenza viruses that infect children.

HMPV was only recently discovered in 2001 in the Netherlands by associate professor in the Department of Viroscience at the Erasmus Medical Center, Bernadette G. van den Hoogen and her team. Retrospective studies have shown that the virus was prevalent in humans at least 50 years earlier than its discovery.

Respiratory infections are the major cause of death for children under five, but scientists are yet to identify the many viruses or bacteria that cause the disease. Most children have been infected with HMPV by the age of five.

Professor of Pediatrics at the Department of Microbiology and Molecular Genetics at the University of Pittsburgh, John V. Williams, in a comment in *The Conversation,* stated that "However, meticulous research studies by many groups over decades had failed to identify a virus or bacteria in every person with an acute respiratory illness."

Like most viral diseases HMPV has spanned the globe, causing numerous recent outbreaks internationally.

"The U.S. saw a spike in HMPV detections during the first few months of 2023. This trend is similar to the higher-than-normal case rates of RSV and influenza in the fall of 2022 and winter of 2023, likely related to decreased population immunity after two years of wearing face masks and social distancing," Williams commented.

According to US Centers for Disease Control and Prevention's respiratory virus surveillance systems, HMPV cases drastically increased in March with 19.4

percent of patients presenting to hospital with respiratory diseases.

A CNN article related, "At its peak in mid-March, nearly 11 percent of tested specimens were positive for HMPV, a number that's about 36 percent higher than the average, pre-pandemic seasonal peak of 7 percent test positivity."

The article quotes a 59-year-old immunocompromised woman, Diane Davison, who became infected in April, highlighting the severity of the disease.

"I couldn't get out more than a couple of words … I would go into violent, violent coughing to the point where I was literally almost throwing up," Davison told CNN.

Williams points out that there are a "dearth of treatments" and that there are no vaccines or specific antiviral drugs to treat HMPV infections.

Lenneke Haas, an intensive care scientist at the Intensive Care Medicine at Utrecht in the Netherlands, and her team published an important review in *Viruses* in January 2013, "Metapneumovirus in Adults." They wrote, "HMPV is distributed worldwide and has a seasonal distribution comparable to that of influenza viruses and RSV. … In young children, HMPV is the second most common cause of lower RTI (respiratory tract infection) after RSV…"

"HMPV infection is associated with hospitalization for acute RTI in adults. … The incidence of HMPV infection in hospitalized adults varied from year to year ranging from 4.3–13.2 percent. This is in accordance with the rates for RSV and influenza A. … Two?thirds of these hospitalized patients had underlying disease. Twenty-three percent of these patients had a co-infection with another respiratory virus," Haas et al. stated.

Like many other viruses that infect humans, such as SARS-CoV-2, HMPV is spread through aerosols, making it highly contagious.

Haas related, "HMPV is thought to be transmitted by direct or close contact with contaminated secretions, which may involve saliva, droplets or large particle aerosols. HMPV RNA is found in excretions five days to two weeks after initiation of symptoms."

A study of HMPV in children by post-doctoral researcher Xin Wang at the Centre for Global Health at the Usher Institute at Edinburgh Medical School, was published in *The Lancet Global Health* in January 2021. In "Global burden of acute lower respiratory infection associated with human metapneumovirus in children under five years in 2018: a systematic review and modelling study," Wang et al. estimated the global prevalence of HMPV associated with acute lower RTIs in children younger than five years from a review of 119 published studies conducted between Jan. 1, 2001, and Dec 31, 2019, and 40 unpublished studies.

They found that in 2018, among children younger than five years globally, there were an estimated 14.2 million HMPV cases, 643,000 hospital admissions and 7,700 in-hospital deaths, and 16,100 overall (hospital and community) deaths. Around 58 percent of the hospital admissions were in infants under 12 months, and 64 percent of in-hospital deaths occurred in infants younger than six months, of which 79 percent occurred in low-income and lower-middle-income countries.

Wang et al. concluded that "Our mortality estimates demonstrate the importance of intervention strategies for infants across all settings, and warrant continued efforts to improve the outcome of human metapneumovirus-associated ALRI [acute lower respiratory infections] among young infants in low-income and lower-middle-income countries."

The call for "intervention strategies" is made under conditions where the ruling elite internationally have ditched any measures to control the COVID-19 pandemic, adopting a "let it rip" approach. Nothing can be allowed to interfere with the interests of big business. Poor countries have been completely abandoned to the ravages of COVID and other infectious diseases.

The current surge in HMPV infections and other RTIs is due to the abandonment of all mitigation measures, allowing a plethora of infections to proliferate.

The fact that the youngest and most vulnerable members of society have been subjected to the ravages of infections such as HMPV stands as an indictment of the capitalist system and demonstrates that it has to be replaced by a society based on rational socialist principles where the needs of humanity are met.

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