

# A winter surge of COVID-19 is underway in the US

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With the recent resumption of Biobot Analytics wastewater analysis of levels of SARS-CoV-2 across the country, as of November 1, 2023, cases of COVID have climbed by about 12 percent from their mid-October lows. The Midwest and West have seen a sizable increase while the Northeast and South have remained plateaued.

These findings are in keeping with rates of hospitalization having stabilized 25 percent below their summer peak of over 20,000 weekly hospital admissions. With the rise in COVID cases, these are expected to climb again and be compounded by the concurrent influenza and RSV seasons.

Currently, according to modeling by Dr. Michael Hoerger, levels of SARS-CoV-2 in wastewater correspond to more than 650,000 daily infections and a cumulative figure of 1.38 percent of the population infected at any one time, or one in 73 people. His four-week forecast indicates that by the first week of December daily new cases will climb to just under a million COVID infections with the trajectory of cases continuing upwards.

In essence, the long summer wave has transitioned into the latest winter wave, underscoring the nature of the “live with COVID” directive that has been forced on the world’s population. Last month, in the UK, approximately 1,400 people died of COVID. In the US, more than 4,000 lost their lives. According to *Our World in Data*, the cumulative US toll for 2023 will be 60,000 deaths. Since the week ending August 26, 2023, more than 1,000 weekly deaths have been registered by the CDC.

These “official” figures represent only deaths that have been reported to the public health agencies and do not account for missed diagnoses or deaths incurred as a byproduct of the post-acute sequelae of SARS-CoV-2

infections.

An analysis by the Centers for Disease Control and Prevention (CDC) published in their *Morbidity and Mortality Weekly Report* found that in 2023 about 63 percent of all COVID-related hospitalizations were among the elderly and they have accounted for 90 percent of all the reported COVID deaths. Most of these had not received their bivalent COVID vaccines.

More concerning has been that hospitalizations among the elderly have turned sharply upwards, more than doubling from the beginning of the summer wave to its peak in late August. About one-sixth of these were among nursing home residents, meaning they are becoming infected by nurses, staff and families that come to visit them. Given their numerous medical comorbidities and advanced ages, they are far more likely to suffer deadly consequences.

So, what do the authors of the study recommend for them? They wrote, “Adults with increased risk of COVID-19-associated hospitalization, including all adults aged 65 or greater, should reduce their risk for severe COVID-19 by receiving recommended COVID-19 vaccinations, adopting measures to reduce their risk for contracting COVID-19, and seeking prompt outpatient antiviral treatment after a positive SARS-CoV-2 test result.”

Behind such recommendations is a pronounced apathy and complete disregard for their plights. Not only are COVID-19 tests difficult to obtain and relatively expensive, both the more accurate PCR tests, and the self-administrated rapid antigen tests, the antiviral Paxlovid is notoriously difficult to come by and requires a physician to confirm a positive test before ordering it, despite the FDA lifting the requirement for this restriction. This also means the person in question having possibly to see their

physician in often crowded waiting rooms where proper mask usage has become all but nonexistent.

Additionally, only 7 percent of US adults have received the latest iteration of the COVID boosters as of late October. This means that the recommendations being doled out by the discredited CDC on the use of these life-saving treatments are either being ignored, or, most likely, the commercialization of these treatments has made it much more difficult to gain access, leading many to give up on obtaining them and hoping for the best.

However, the airborne nature of these respiratory viruses and the complete abandonment of any mitigation measures mean that their ability to “reduce their risk for severe COVID-19” simply means such advice is rhetorical and meaningless unless there is a concerted effort to embrace an all-inclusive public health action to track, trace and eliminate the virus.

The EG.5 (Eris) subvariant of Omicron account for more than 54 percent of all variants found in US wastewater. Meanwhile, BA.2.86/JN.1 (Pirola) has appeared on the CDC’s variant dashboard at 0.5 percent of all detected variants. This is a highly mutated subvariant of Omicron that is rapidly displacing other variants in Europe and now the US in time for a New Year wave.

The continued rise in COVID infections and reinfections implies the continuation of the pandemic of Long COVID and the persistence of the virus with its potential for long-term health complications. However, with NIH funding all but dried up, research for understanding the nature of chronic infections and its impact on population health will be speculative and limited.

At present, there are no treatments for Long COVID and current research on Paxlovid appears to offer limited protection against the development of PASC (Long COVID). A study published from Veterans Affairs Puget Sound Healthcare System in Seattle, Washington, found that the antiviral appeared to reduce only the risk of some thromboembolic events (35 percent decrease in the relative risk) but had little impact on more than 30 other potential conditions for the chronic disease.

Unlike previous observational studies, what set their approach apart on the question of the benefits of Paxlovid in decreasing the risk of Long COVID was

that the investigators conducted a “retrospective matched cohort” study that would match two populations who were infected with COVID and treated with or without Paxlovid, emulating something like a randomized control trial.

There were approximately 9,600 participants in each arm of the trial and, according to the lead author Dr. George Ioannou, 93 percent of those receiving Paxlovid were treated within a day of their positive test. The end point of the study was the manifestation of 31 different conditions that have been attributed to PASC. They found that the absolute risk reduction was 2.7 percentage points, or a decrease from 14.5 percent to 11.8 percent.

Workers and their families should heed the warnings of principled scientists and public health officials and ensure everyone obtains the COVID vaccine booster where possible and that people consistently wear N95 respirators that are well-fitted to protect themselves and those in their workplaces and communities. They should insist on maintenance of the HVAC systems at schools, offices and work to include the use of high-efficiency HEPA filters.

The abandonment of any sound public health approach to the COVID pandemic and all other infectious pathogens is simply a criminal endeavor by the capitalist ruling elite for which the population is made to suffer the acute and long-term consequences. Without a massive reinvestment in local and state public health departments to build the cadre of scientists, researchers and investigators to address these pressing issues, there will be a rapid return to semi-barbarous conditions from which modern society emerged.



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