

New surge of COVID-19 in Australia

Clare Bruderlin
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Amid an upsurge of transmission internationally, a new wave of COVID-19 is occurring in Australia.

By the limited data available, COVID-19 community transmission is now considered “moderate to high,” in New South Wales (NSW), the country’s largest state, following a 20.6 percent increase in COVID notifications over the past fortnight. In Victoria, quantitative wastewater levels indicate “high COVID-19 viral loads.” In Western Australia (WA), wastewater concentrations have reached levels not seen since January this year.

The immune-evasive EG.5, “Eris,” subvariant of Omicron and one of its sublineages, is reported to be responsible for the current surge in cases. The Omicron BA.2.86 subvariant (nicknamed “Pirola”) has also been detected in Victorian wastewater “at low levels.” In WA, the Pirola variant appeared with a wastewater frequency of 12.43 percent.

The upsurge of the virus takes place amid the waning vaccine immunity of the population. 89 percent of Australians have not received a COVID-19 vaccine in the past six months. New “monovalent” boosters, which have shown a significant antibody response against the Eris subvariant, are already available in the United States and were approved in Australia last month. They will, however, not be made available until December 11.

Professor Brendan Crabb told the Australian Broadcasting Corporation (ABC) last week that it was, “likely a few hundred thousand people in Australia have [a COVID-19] infection now.” Crabb warned that “if we don’t do anything by the time this wave is over there will be 3, 4 or 5 million Australians who will get COVID in the next few months. There will be thousands of Australians who die early in the next few months as a result, there will be 50,000 to 100,000 cases of Long-COVID, there will be business disrupted and aged care facilities shut down...”

As Crabb indicates, this wave is occurring under conditions where the federal and state governments, now all Labor with the exception of Tasmania, have made clear that there will be no change to public health measures to stop the spread of the pandemic and protect health and lives.

The Albanese Labor government’s systematic dismantling of even the most basic measures to stop the spread of the

virus, including mask mandates, vaccine mandates, testing and reporting requirements, means that the population faces this new wave of COVID-19 infections totally unprepared.

Mass testing clinics have been shut down and state authorities are blocking individuals from reporting positive Rapid Antigen Tests, as self-reporting portals were closed in the country’s largest states, NSW, Queensland and Victoria.

What has been established in place of a coordinated public health response is a policy of mass infection and death, as the continued circulation of a deadly virus is treated as a non-event.

Following the dismantling of COVID-19 public health measures over the past two years, on October 20, Australia’s Chief Medical Officer, Paul Kelly, announced that COVID-19 was no longer considered a communicable disease of national significance. Like the formal ending of the COVID-19 Public Health Emergency response by the World Health Organisation (WHO) in May, this decision had no scientific basis.

Kelly later admitted that the ending of the “national significance” designation was made, even as he and other health officials were aware that a new wave was beginning. Rather than seek to minimise the damage, the health authorities are acting like arsonists, doing everything to ensure maximum carnage.

The criminality of the official response was summed up by remarks NSW Chief Health Officer Kerry Chant made in an interview with the ABC last month. Chant declared:

We are not recommending everyone needs to know exactly what virus they’ve got, so if you’re young, fit and your doctor wouldn’t recommend antivirals or any change in management, please stay at home be aware of what are the signs of deterioration and you can always call our health service health direct if you can’t discuss it with your GP. Generally, we’re not recommending any testing in that group... We are recommending stay at home and don’t share your germs around.

That is a statement with staggering implications. In the first instance, people are being instructed that they are essentially on their own even if they are infected with a potentially-deadly virus. The “signs of deterioration” presumably include increasing difficulty breathing, which can be a prelude to a major medical episode, including rapid death.

More generally, Chant’s statement repudiates public health as it has been understood for decades if not centuries. The instruction for young people to essentially “tough it out,” and not bother finding out what they are infected with would be more appropriate to the Dark Ages, than to modern medicine. The absolute prerequisite for advanced healthcare is accurate information, but Chant is declaring that the relevant authorities are simply not interested.

They have rejected calls for the reintroduction of mask mandates in any of the states or territories. Queensland’s chief health officer, John Gerrard, said that a basic measure such as that would be “disproportionate.”

The dismantling of testing has rendered official case numbers meaningless, but figures of hospitalisations and deaths provide a hint of the growing transmission of the virus and its impact, though both are lagging indicators.

Nationally, hospitalisations have increased from recent lows of 910 at the beginning of September, to around 1,400.

The death toll is rising. There have been over 300 COVID-19 deaths since September. In Victoria, 145 deaths were reported in the most recent 28-day reporting period. More than 5,900 deaths from the virus have been recorded in Australia since the end of 2022.

In line with the true character of the “let it rip” policy as a program of mass murder, particularly targeting the elderly and vulnerable, widespread fatalities are continuing in aged care facilities, with little or no comment.

Earlier this month, the grim milestone was passed of 6,000 total COVID-19 deaths in such facilities. The virus is killing at least six people every day in aged care homes. There are over 2,400 active COVID-19 cases in aged care, with 1,707 cases among residents and 718 among staff, across 334 aged care facilities. Over 1,200 deaths from COVID-19 have been recorded in residential aged care this year alone, more than in the first two years of the pandemic combined.

The latest Department of Health and Aged Care report for November revealed that just 39 percent of aged care residents have received a COVID-19 booster in the past 6 months, meaning that residents face the present wave of cases with waning vaccine immunity and under conditions of the spread of new and more vaccine-evasive variants.

The responsibility for ensuring vaccines are provided has been left in the hands of aged care providers, rather than any coordinated response by the government. Thousands of aged

care residents as well as staff are left vulnerable to the risk of serious health complications and death through infection.

Even in the hospitals, mask mandates have largely been withdrawn, and in many, specific COVID wards have been abolished. That means the circulation of the virus among the most vulnerable, those in hospital for other medical conditions.

The corporatised trade unions have collaborated with the Labor governments in creating these conditions.

In August, the Health Services Union (HSU) lauded the NSW Labor government’s ending of mask mandates in public hospitals, declaring in an email to members on the day of the changes that the decision was “a milestone in health.” In fact it was a milestone in death. The HSU leadership, were it consistent, may consider renaming the organisation to the anti-health services union.

The policies directed against public health are being dictated by capitalist profit interests. The measures needed to end the pandemic, including indoor masking with N-95s and respirators, air filtration and mass testing and contact-tracing, are well known. The issue is they would impinge on the “economy,” by which is meant the fortunes of the corporations and the ultra-wealthy.

The current surge demonstrates that the fight to finally end the pandemic requires a political struggle against the Labor governments and the union leaderships. That requires the development of independent rank-and-file committees across health, aged care and more broadly. Above all, it underscores the fact that this struggle must be based on a socialist perspective that places the health and needs of the working class above the demands of big business.



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