

Surge of respiratory illness in northern China part of global outbreak of pneumonia among children

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27 November 2023

Last Thursday, on the growing concern over rising rates of “undiagnosed pneumonia” and hospitalization among children in northern China over the last month, the World Health Organization (WHO) held a teleconference with the country’s National Health Commission (NHC) requesting more information on the pathogens leading to this sudden spike in clinical cases.

Given the ongoing COVID pandemic and abandonment of the Zero-COVID policy that had checked infections from nearly all respiratory pathogens, the initial response in the media was a sense of panic that another novel infection may be underway again. Beijing, however, quickly assured the international health agency and the world that the source for these illnesses were previously known “germs” like rhinovirus, *mycoplasma pneumoniae*, and respiratory syncytial virus that were circulating in their communities.

In their discussions, Chinese health authorities told the WHO that they had been seeing a rise in pediatric cases of mycoplasma pneumonias since May. Mycoplasma pneumoniae is a bacterial infection transmitted via aerosol that usually causes upper respiratory tract infections, mostly among school-aged children in winter. Incubation periods vary from one to four weeks and symptoms develop slowly over several days.

However, since October, other seasonal viral respiratory infections were beginning to contribute to the overall influenza-like illnesses Chinese children were experiencing. Although the levels of COVID-19 infections in the community are not readily available, it is known that co-infections with SARS-CoV-2 can exacerbate the severity of other viral illnesses.

This raises the question whether the infection of virtually the entire Chinese population after the ending of Zero-COVID has weakened children’s immune responses to other pathogens. This would apply, of course, not only to China, but all other countries in the world where the ruling class policy of allowing COVID-19 free rein has rendered the

population more vulnerable.

On Friday, China’s State Council issued a notice stating, “The overall situation of COVID-19 is generally stable currently, but there is a risk of rebound in the winter. Also, influenza and *mycoplasma pneumoniae* infections have become worse since October 2023. Influenza infection may reach its peak during the winter and spring seasons nationwide, and *mycoplasma pneumoniae* infections will continue to be high in some areas for some time.”

Health administrators at a Beijing children’s hospital told state media CCTV that at least 7,000 patients were being admitted each day, overwhelming their capacity. At the largest pediatric hospital in Tianjin, about 70 miles southeast of the capital, more than 13,000 children had flooded outpatient clinics and emergency rooms. Also, health authorities in Liaoning province, located 400 miles northeast of Beijing, were facing a similar predicament.

In a recent *STAT News* interview on Friday, Dr. Maria Van Kerkhove, now acting director of the WHO’s department of epidemic and pandemic preparedness and prevention, told senior science writer Helen Branswell that the peak in respiratory illnesses in China is still not as high as experienced in 2018-19.

She added, “We asked if anything new was detected, any new variants, any new subtypes? And the answer was no. We asked if [they] have seen any unusual disease presentations for these pathogens. And they said no. And then they gave us an overview of the burden in the health care facilities, and their hospitals are not overwhelmed. There’s a lot of fever clinic visits, a lot of outpatient visits, but in terms of hospital beds, ICU, they’re not at capacity.”

China is not the only country experiencing a surge in *mycoplasma pneumoniae* infections. French health authorities have recently noted that emergency rooms are filling with large number of cases of atypical pneumonias among those under 15, levels not seen in more than a decade. High levels of mycoplasma were seen in late 2019

and early 2020 just prior to the COVID pandemic.

An infectious disease expert at Pitié-Salpêtrière, a hospital in Paris, Dr. Alexandre Bleibtreu, told the local media that “there are now many more pulmonary bacterial infections with *mycoplasma pneumoniae* than usual.” He added, “[Symptoms include] fever, febrile state, sometimes without coughing, and when the infection reached the lung, after five days, then the patient starts coughing. This is quite a classical intracellular lung disease.” Apparently, cases are being identified in Nancy, Versailles, and in the Indian Ocean island of Réunion, a French possession. Switzerland, England, and South Korea are reporting such cases as well.

In South Korea, cases have doubled since last month according to the country’s Disease and Control Prevention agency. In their summary they noted that in the second week of November, 226 of 236 patients hospitalized for acute bacterial respiratory infection had mycoplasma pneumonia, of which 80 percent were under the age five.

Although cases of mycoplasma across these countries had plummeted during the first year of the COVID pandemic when lockdowns and mitigations measures were put into effect, the natural course of mycoplasma shows cyclic epidemics that recur on average every three to seven years. With the lifting of all pandemic response measures, it should come with little surprise that respiratory infections have suddenly multiplied across the globe. As to *mycoplasma pneumoniae*, causes of these multi-year fluctuations could include decline in population immunity over time or changes in the various strains circulating.

Extrapulmonary complications, although rare, can involve multiple organs that include the cardiovascular system, kidneys, gut and nervous system, such as encephalitis. The presence of these bacteria in these organs has been confirmed by PCR and culture testing. However, immune-mediated mechanisms, especially in neurological manifestations, are suspected, with the development of cross-reactive antibodies directed at the brain and nervous system.

The emergence of macrolide-resistant *mycoplasma pneumoniae* (bacteria resistant to an important class of antibiotics known as macrolides, like zithromax) since 2000 has raised concerns over the broader issue of the threat posed by antimicrobial-drug resistant organisms to the health of the world’s population.

For China, in particular, the rates of macrolide-resistant mycoplasma are exceptionally high. In Beijing they reached 97 percent in 2012. In a 2019 report on 55 students who contracted mycoplasma pneumonia, of whom 25 were hospitalized for complications, the authors said, “The infections by macrolide-resistant mycoplasma pneumonias are not always mild and pneumonia was common, and mycoplasma pneumonias could cause serious complications

which require long-term hospitalizations.” Yet, other studies from Japan have not seen this borne out, meaning antibiotic resistance may not increase extrapulmonary manifestations.

Nonetheless, the immediate global implication of antimicrobial resistance (AMR) remains of considerable concern and cannot be overlooked. In 2019, close to five million people died of drug-resistant infections, exceeding the combined number of deaths from tuberculosis, malaria, and HIV/AIDS. The WHO estimates that by 2050, drug-resistant infections can claim twice that figure and cost the global economy \$100 trillion.

At the current pace, humanity is essentially burning through all our defenses using antibiotics—and this being just one facet—and unless an international preventative/elimination strategy is developed toward addressing the current array of pathogens and those that are yet undiscovered, the global population faces far-reaching threats.

The recent experience with reducing influenza, RSV and other respiratory pathogens to near zero during the years of anti-COVID mitigation means that the present policy of allowing these infectious agents free rein is in contradiction to basic public health principles. It also demonstrates that the fundamental issue is not scientific capability, but the political disinterest of a ruling class that prioritizes private profit over the safety and health of the population.

And the role of the mainstream press, as exemplified by the *Wall Street Journal*, is to inure the public when they write in their post-Thanksgiving article on the forthcoming winter surge of infections, “Get ready for more sickness.”



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