

# COVID cases in the US have risen 50 percent in four weeks

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On Monday, Biobot Analytics updated their SARS-CoV-2 wastewater dataset, showing that transmission of the virus that causes COVID-19 has risen 50 percent in the last four weeks and is quickly approaching the late-summer peak of the last wave that drove up hospitalizations and deaths across the United States.

The current surge began in early November, with the Midwest now showing a massive acceleration phase. While the Northeast and the West are seeing considerable rise in rates of transmission, the trends in the South have plateaued at a substantial level for now.

This is clearly the beginning of the second wave since the Biden administration unscientifically ended the COVID-19 public health emergency (PHE) declaration last May, with well over 10,000 Americans succumbing to COVID-19 and tens of thousands more hospitalized or suffering from Long COVID.

On the week ending September 9, 20,678 people were admitted to hospitals for COVID-19. Between August 26 through the end of October, weekly deaths have consistently been above 1,000, with over 5,000 people perishing in the month of October alone. As a lagging indicator, the upward trends in hospitalizations that we are seeing again means that fatalities will climb as well in the weeks ahead.

Although much of the media has remained utterly silent on the issue of COVID, they all eagerly reported on the record number of Thanksgiving travelers last week. According to the TSA, their agents screened 2.2 million passengers on Friday, another 2.6 million on Saturday, and a record breaking 2.9 million on Sunday. In all, close to 30 million or more were screened from November 16-28, while an additional 55 million Americans drove to visit family or friends, meaning that more than a quarter of the US population traveled long distances to see family last week.

Undoubtedly, concentrations of SARS-CoV-2 in wastewater will surge even more in the weeks ahead, as the impacts of this record travel on viral transmission are fully logged.

Dr. Michael Hoerger of Tulane University, who has been modeling the spread of COVID-19 using the Biobot data, noted on Monday that levels of wastewater now correlate with approximately 886,000 daily infections, or an average of more than 6 million infections in just one week.

In Dr. Hoerger's forecast, the figure for daily infections could reach 1.5 million during the Christmas break, when the next massive wave of travelers will take to the air or roads. He warns that in classrooms, lecture halls, restaurants, and other crowded indoor spaces, the chance of encountering someone actively infected with COVID-19 is essentially a flip of the coin.

With masking practically nonexistent and COVID vaccination rates abysmal, combined with the impacts of influenza, RSV, and other viral and bacterial pathogens, the impact on health systems could soon become catastrophic.

The *Wall Street Journal* in its recent healthcare update almost gleefully begins by stating, "Get ready for more sickness!" After admitting that COVID-19 is "settling in as a wintertime fixture," they add, "The virus is on a collision course with the seasonal scourges of flu and respiratory syncytial virus, or RSV, which are circulating again after the pandemic disrupted their spread."

The report then bluntly charges, "The risk? More infections, more disruptions to schools, work and holidays and more strains on hospitals than before the pandemic. COVID has raised the baseline... It's going to be a new normal."

However, this comparison of three viruses is a sleight of hand and outright lie. Since 2022, what amount to baseline rates of hospitalizations for COVID are far above those for flu and RSV, with the brief exception when flu admissions approached those for COVID in the last two months of 2022.

Furthermore, the comparison ignores the tens or hundreds of thousands of patients that will go on to develop Long COVID as a result of infection with SARS-CoV-2 during this current wave, often suffering from significant neurocognitive, cardiovascular or other damage to vital organ systems. Worse, there is growing scientific research showing that COVID-19 can cause dysregulation of the immune system, potentially exacerbating the severity of these other “winter” viruses.

One such study was recently published, providing evidence that the surge in RSV infections last year among children five and under was in large part driven by prior infections with COVID-19. Among a 2022 study population of almost a quarter million children, the risk of RSV rose among those without a prior COVID infection from around 4.3 percent to 6.4 percent in those with a prior COVID infection, or a 40 percent increase in relative risk. These were then corroborated with a 2021 study population of over 370,000 children that found a similar magnitude of increase.

The authors concluded, “Our findings suggest that COVID-19 contributed to the 2022 surge of RSV cases in young children through the large buildup of COVID-19 infected children and the potential long-term adverse effects of COVID-19 on the immune and respiratory system.”

The findings of this study cut through attempts by the media and COVID deniers to claim that these unprecedented numbers of illnesses are a byproduct of some sort of “immunity debt” that children accrued during weeks or months of limited lockdowns in 2020, a preposterous claim without any scientific basis.

Unsurprisingly, those 65 years of age or older face the severest consequences of COVID infections. In a CDC study published last month, they account for 63 percent of all COVID-related hospitalizations recorded from January to August. They constituted 61 percent of intensive care unit admissions for COVID and nearly 90 percent of COVID-related deaths. With more than

53 million adults in this age group, accounting for 16 percent of the US population, one must ask who is showing any concern for their interests?

Worse is that the elderly admitted to hospitals who become infected with COVID can have a mortality rate as high as a 10 percent. In a setting where mask usage among healthcare workers is not mandated and COVID testing is non-existent, the current rates of infections will see the most vulnerable in society pay once more for a disease that is not only easily mitigated, but could be eliminated through the use of technology such as Far-UVC and modern HVAC systems, combined with the full deployment of available public health tools.

Clearly, the financial institutions and political establishment are more than pleased to see life expectancy, especially among working people, on the decline. These early deaths are simply savings in pension payouts for banks and insurance companies. Among the 1.18 million official COVID deaths in the US, those who are 65 and older account for almost 76 percent of all fatalities (almost 900,000 deaths), despite comprising only 17 percent of the population. Such is in mathematical terms the definition of eugenics.



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