

After one month of cover-up by the CDC

New COVID variant JN.1 fuels eighth wave of mass infection in the US

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On Friday, the US Centers for Disease Control and Prevention (CDC) updated their two-week projections for the proportions of each SARS-CoV-2 variant spreading across the United States. They estimated that over the past two weeks JN.1, a descendant of the highly-mutated Omicron BA.2.86 subvariant (nicknamed “Pirola”) which carries the L455S mutation on the spike protein, suddenly accounted for almost a quarter of all genetically sequenced cases, fast outpacing even HV.1 whose ancestor is the EG.5.1 (XBB) lineage.

The sudden emergence of JN.1 as its own distinct variant, accounting for 21.4 percent of all infections and set to become dominant over the next week, marks the fourth time that the CDC has deliberately concealed the emergence of a new, dangerous variant, following the previous cover-ups of BQ.1, XBB.1.5 and XBB.1.6.

Each cover-up has been in violation of the agency’s own reporting guidelines, which stipulate that whenever a subvariant surpasses 1 percent of sequenced cases, it must be delineated in the Variant Proportions tracker. This evidently took place with JN.1 nearly a month ago, during the week ending November 11.

On November 27, 2023, the CDC wrote, “In these estimates and projections, offshoots of BA.2.86, including JN.1, are grouped with BA.2.86. JN.1 is still below the one percent threshold in weighted estimates, which is why it is shown grouped with BA.2.86.”

This was a clear and obvious lie.

Yesterday, Jay Weiland, in response to this obfuscation, wrote on his social media, “I think it is time for the CDC and CDC Director to speak openly and honestly about JN.1 (Pirola). Just stick to the facts. It’s growing quickly, it is contributing to increases in cases and hospitalizations, and it will accelerate in coming weeks.” Despite the CDC suggesting that JN.1 was not contributing to

hospitalizations, his data indicate otherwise.

While Pirola was first discovered in August and was climbing steadily, Dave McNally, a UK data scientist, caught the first glimpse of JN.1 in September. Shortly after, another US based data scientist, Jay Weiland, began tracking JN.1 in France over several weeks, demonstrating this new variant had a more significant growth advantage than its parent.

True to form, rather than heeding these concerning developments, the CDC once more delayed updating crucial data on their COVID dashboard, waiting until after the massive Thanksgiving holiday travels had ended and then only after experts in the field had begun to criticize them for not taking account of JN.1’s rapid rise to global dominance.

The CDC’s latest cover-up coincides with the growing eighth wave of mass infection across the US, as shown in the latest data from Biobot Analytics on Sars-CoV-2 wastewater levels. Community transmission has doubled since mid-October and accelerated since the Thanksgiving holidays. While the Midwest and Eastern regions are rapidly climbing, the South and West are also seeing a steady rise in levels.

Dr. Mike Hoerger who has been modeling the wastewater data to estimates of community infection said on December 4 that “the US surge was worsening faster than anticipated.” According to his calculations, current daily infection rates are as high as 1.2 million cases per day, and he expects the figure to climb to 1.8 million by the New Year.

The rise in infections has seen a corresponding jump in hospitalizations for COVID-19. For the week ending December 2, 2023, the number of hospitalized patients is 22,513, up nearly 20 percent from the previous week and up 50 percent from the previous month. Statistics on

deaths are delayed and the latest figures from the week ending on November 11 showed that 1,291 people died that week, with that trend also climbing.

Variant tracker Ryan Hisner, who has been following JN.1 across several European countries and the United States, has been warning of JN.1's rapid growth. He recently commented on the worrisome trends in wastewater in Europe, writing, "This is crazy. SARS-CoV-2 wastewater levels in Austria. Have we ever seen anything like this? Levels in Ludesch are quadruple what they were at the peak of the BA.1/BA.2 wave (when Omicron first appeared in November 2021). Ludesch is an outlier, but most other regions have also surpassed their previous all-time peaks. Wild."

He wrote on December 4, "If a new variant is going to cause an increase in infections or hospitalizations, we usually don't see any indication of that until it's surpassed 50 percent of cases. With JN.1, some European countries are about there. But the UK, Sweden, the US and Asia are weeks behind."

This has become a common theme for the CDC: evasion and concealment. With respect to time sensitive and critical public health information they have in possession which needs to be communicated clearly and urgently to the population, these delays means infecting millions of people, hospitalizing tens of thousands, and sending thousands to an earlier grave.

Pirola has more than 40 mutations, with 34 of these just on its spike protein which enhances its affinity to binding to the ACE2 receptors of its hosts. The L455S mutation appears to promote even further evasion to humans' immune response. Even with more than 40 percent growth advantage over its predecessors, signals of further evolution are already occurring and will enhance its characteristics further.

In particular, Jay Weiland recently noted, "Pretty interesting, BA.2.86 (Pirola) has increased infectivity toward CaLu-3 cells than any Omicron. (CaLu-3 are cancerous lung cells that are used for a lot of testing). I don't know how this translates to typical lung tissue, but not the result I was hoping for."

Dr. Raj Rajnarayana recently summarized the experience with Omicron, stating that there have already been more than 2,083 sub-lineages of this variant, 1,037 non-recombinant lineages and 1,046 recombinant lineages with at least one Omicron partner.

On news of rising COVID hospitalization rates, Dr. William Schaffner, a professor of preventive medicine at Vanderbilt University Medical Center, told *ABC News*,

"COVID has not disappeared, although it may have gone from many people's minds and the top of their attention. I'm afraid the COVID virus is still very much with us. These Omicron variants and subvariants are highly contagious. They're causing lots of milder illness that does not require hospitalizations. However, there are substantial hospitalizations across the country."

Mask usage is now nonexistent even in health systems, where nosocomial (hospital-acquired) infections are ubiquitous and often deadly. Uptake of the latest COVID booster shot remains abysmal, with only 16 percent of Americans having received it so far. Meanwhile, the virus is spreading into every corner of the country, impacting the elderly and the youngest most severely. All of this is occurring alongside the rapid rise in Influenza A and RSV wastewater levels.

Biobot warned:

Respiratory illness season is in full swing and has not yet peaked. With the holiday season also underway—where we travel to gather and celebrate with loved ones—it is a good time to think about taking steps, like staying home if you are sick or getting vaccinated, to keep yourself and loved ones healthy.

It must be understood that the immune dysregulation caused by COVID as well as co-infection with COVID and other pathogens can make people more susceptible to becoming infected and developing more severe disease.

However, the fact that the population is not taking the necessary precautions is not their fault. There has been a concerted effort on the part of the government and media to ensure the risks posed by COVID-19 are dismissed and forgotten about. While Trump spearheaded the murderous "herd immunity" strategy in 2020, the Biden administration has overseen its full realization and the scrapping of the entire edifice of public health, creating ominous conditions for the rapidly-evolving virus to take an even deadlier turn.



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