The COVID-19 winter surge and the failed policies of the ruling elites

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11 December 2023

Biobot Analytics updated its SARS-CoV-2 wastewater levels yesterday for the week ending December 6, 2023. Although the acceleration seen around the Thanksgiving holiday has subsided, it continues to rise in accordance with the beginning of the winter peak that is underway. The same trend was seen a year ago, followed by a second surge just before the Christmas holidays, which commenced when people began to gather once more with family and friends.

Based on the mass testing that was being done from the summer of 2020 until February 2022, when the BA.1/BA.2 (original Omicron variant) passed across the globe, researchers have observed a strong correlation between wastewater levels and clinical cases that provide them with strong confidence in these estimates.

Modelers will soon update their estimates given the new information, but already, based on the November 29, 2023 wastewater levels, they have estimated a very high rate of transmission, with 850,000 to 1.2 million daily infections taking place in the US. Other limited objective tools that support these findings include Walgreens Respiratory Index, based on less than 20,000 weekly COVID-19 tests, that indicates the national positivity rate is close to 30 percent and has been climbing since mid-October.

This data also has a direct corollary with the rise in weekly hospitalizations for COVID-19. Currently, for the week ending December 2, 2023, the figure stands at over 22,500, up 50 percent from just six weeks ago. The CDC is expected to update these figures on December 12. Weekly deaths have remained above 1,000 since the latter half of August, for at least 12 straight weeks.

Contributing to the latest phase of the four-year-long pandemic that shows no sign of abating is the JN.1 subvariant, the progeny of XBB.2.86 (Pirola) which harbors more than 30-plus mutations on its spike protein and has the SLip mutation known as L455S that is contributing to its significant growth. It is expected to become the dominant strain globally over the next several weeks. It has already been detected across close to 50 countries, including Brazil, and among travelers to and from India and Singapore.

Not surprising are the findings on this highly mutated progeny of the BA.2.86 lineage, according to a recent report from Japan by Dr. Kei Sato and colleagues at Sato Lab.

They wrote, "[With regards to its] transmission power (effective reproduction number): It was revealed that the relative effective reproduction (Re) number of JN.1 is higher than that of the parent strain BA.2.86 and the currently mainstream HG.5.1 and HK.3. This means that JN.1 has the potential to become the next mainstream strain, and this can be attributed to the L455S mutation."

Although it has a lower "RBD ACE2 binding test," meaning a relative lower infectivity than its parent, Pirola, nonetheless, JN.1 is showing significant resistance to the sera of those who have received the monovalent XBB.1.5 COVID-19 boosters, raising once more the failure of the vaccine-only strategy. As the authors noted, "Taken together, these results suggest that JN.1 is one of the most immune-evading variants to date. Our results suggest that L455S contributes to increased immune evasion, which partly explains the increased Re of JN.1."

Given this predicted turn of events, the Centers for Disease Control and Prevention (CDC) should, based on the vaccine-only strategy, call for the manufacturing of the next iteration of the COVID-19 boosters. Additionally, it should supersede the current anemic campaign that started in September to inoculate the population with the XBB.1.5 monovalent COVID-19 vaccine and call for the population to get ready for another round of jabs. Conceivably, instead of annual COVID-19 vaccines, as had been suggested by the White House, the population could require new COVID-19 boosters on a quarterly basis.

Clearly, the logic of this perspective is approaching the absurdity of more and more frequent injections of a vaccine that ceases to be effective more and more rapidly. This prospect goes a long way to explain the repeated attempts by the CDC to evade or conceal the real characteristics of these variants that are rapidly mutating.

Rather than acknowledge the bankruptcy of the vaccine-

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only strategy and undertake a new international strategy of elimination and eradication that would protect life and well-being and assure a very real end to the pandemic, the CDC and other medical authorities are purposefully trying to ignore it at all costs.

One must then assume that CDC Director Dr. Mandy Cohen's recent visit to Michigan and acknowledgement of JN.1's rapid dominance are simply damage control after the fact. On December 7, during a press conference, she admitted that "COVID is still causing the most number of hospitalizations." She went on to add, "As we get deeper into December and the holiday season, we know that we are going to see more viruses and more bacteria circulating, particularly as we gather for holiday parties, travel for Christmas, we know we are going to see more of that."

She then concluded with the oft repeated phrase, "We want to make sure that we are using all the tools that we know work to protect each other this holiday season." One could begin by asking for real-time information, ensure that the Healthcare Infection Control Practices Advisory Committee adopts real evidence-based recommendations and prioritize public health over the demands of the financial markets.

Simply stated, the necessity to rely on a handful of principled data scientists, like Ryan Hisner, Jay Weiland and Dr. Mike Hoerger, for reliable and as-accurate-as-possible information on the state of the ongoing COVID-19 pandemic speaks volumes to CDC's dereliction of responsibility to the population of the United States and the world.

Dr. Hoerger recently wrote on his social media, "Zooming out to the full pandemic shows the harm of the eight COVID wave: More daily infections than 89 percent of the pandemic, more than 25 times than the actual reported cases, more than 60,000 Long COVID cases each day eventually resulting from these infections, and a winter peak like last year." Indeed, if the virus doesn't kill you, even with mild disease, it stakes a claim on the quantity and quality of your life.

To appreciate this, it bears mentioning the recent talk given by Dr. Ziyad Al-Aly, a nephrologist and scientist at Washington University, St. Louis, who has conducted extensive research on the clinical implications of COVID-19 infections in Australia at the Global Biosecurity at Kirby Institute hosted by Dr. Raina MacIntyre.

He said, "Even when people had mild disease that did not necessitate hospitalization, they were experiencing an EGFR decline in kidney function in the year that followed the infection that measures about two to four milliliter per minute per year. You should be asking, 'What does that really mean?' … What that really means is that their kidneys have aged in one year [what they should] have aged in about four years. … You can start thinking about it that the initial hit with SARS-CoV-2 is tantamount to accelerated aging. Instead of growing only one year older, if you're 50, instead of becoming 51, all of a sudden biologically you are 54 …"

It is no wonder that those with immune suppression, the elderly, those who are deconditioned by obesity, inactivity, pregnancy, smoking and substance abuse, or chronic conditions, are more predisposed to developing more clinically severe disease because they have less reserves against the perpetual onslaught of the virus. And given the complete disregard by the government of all beleaguered countries, it is simply a one-sided war on the working class.

Given the comprehensive work conducted by Dr. Al-Aly, the recent publication in *Statistics Canada* on the experiences of Canadians with long-term symptoms following COVID-19 is a remarkable (in the negative sense) validation of his group's findings.

With a population of 38.3 million, the report noted that about two-thirds of Canadian adults had said they had experienced at least one confirmed or suspected COVID-19 infection, and many had multiple infections since the beginning of the pandemic. Of these, 3.5 million (one in nine) had experienced long-term symptoms, with 2.1 million still experiencing them as of June 2023. Half said they had not seen improvements in their symptomology.

Dr. Claire Taylor, a specialist in Long COVID and ME/CFS, commenting on the study, said, "If you input the Statistics Canada data into David Steadson's graph, you get 14.6 percent first infection get Long COVID and 38 percent by third infection. The modelling curves were correct. This is literally insane."

She added, "It's time we admitted defeat for 'Let It Rip' and do something proactive. It's ordinary people just going to work or school who will be impacted by this. The cavalry will not come. Heed the warnings of someone who has seen the outcome over and over. Long COVID breaks people."

It is simple math to extrapolate this data to the rest of the world.

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