

World Health Organization designates Omicron JN.1 a “variant of interest” due to its rapid global spread

Benjamin Mateus
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On Tuesday, the World Health Organization (WHO) classified the Omicron JN.1 strain of SARS-CoV-2, the virus that causes COVID-19, a “variant of interest” due to its rapid global spread. Although the WHO acknowledged that JN.1 (a descendent of the BA.2.86 variant nicknamed “Pirola”) is more immune-evasive and infectious than any other variants, they added the unsubstantiated claim that it does not appear to pose a greater risk to the population than the recent slew of variants that have spread globally.

Such statements should be taken with a large grain of salt and placed in their appropriate socio-political context. The decision of the WHO to end its public health emergency (PHE) declaration for COVID-19 last May precipitated the virtual scrapping of all pandemic surveillance systems in most countries, making it far more difficult for scientists and public health experts to determine the true severity of a given variant.

Based on the limited data available, it is clear that JN.1 is fueling substantial waves of infection throughout the world, with thousands of ongoing global excess deaths each day and untold masses newly suffering from Long COVID.

In the US, according to the latest data from the Centers for Disease Control and Prevention (CDC), JN.1 is becoming dominant nationally this week, coinciding with the Christmas travel season. The latest data from Biobot Analytics released Monday show that SARS-CoV-2 wastewater levels have continued to surge. The peak of the wave is still weeks away, and will be fueled dramatically by JN.1 and the millions of travelers visiting family for the holidays without masks or any mitigation measures.

Data analyst Dr. Mike Hoerger noted, “We are headed into potentially the second largest COVID surge all-time in the US. If wastewater levels follow historic trends, we

will reach two million infections per day at peak surge with 4.2 percent of the population actively infectious on January 10.” According to his model, the peak will arrive between January 3-17, with an estimate of 1.7 to 2.2 million infections per day.

Hospitalizations for COVID-19 have risen more than 50 percent across the US in less than six weeks and stand at 23,432 for the week ending on December 9.

In their report, the WHO said that the Western Pacific Region is seeing the biggest jump in JN.1 based on sequencing data. In Singapore, where vaccination rates are among the highest in the world, wastewater and hospitalization rates are surging quickly. While official weekly cases were hovering around 15,000 for the past 2-3 months, by December 9 these shot up to 56,043, the highest recorded in the year. Hospitalizations have nearly tripled in recent weeks, from 136 at the end of November to 350 by mid-December.

In response to this wave, Singapore’s ministry of health recently released a statement “strongly encouraging” people to don their masks once again. The ministry added, “To preserve our healthcare capacity, MOH has been working with public hospitals for contingency planning, including ensuring adequate manpower and deferring non-urgent electives to maximize bed capacity for urgent cases in need of acute care.”

Several countries in Europe, including Denmark, Spain, Belgium, France, and the Netherlands, have seen an exponential increase in COVID wastewater levels and an attendant spike in hospitalizations.

In Germany, wastewater data are currently reaching the highest on record. Practitioners are reporting large numbers of people with upper respiratory infections, half of which are COVID. With approximately 10 percent of the country currently suffering from respiratory

infections, public health services and physician offices are having difficulty keeping pace.

Data scientist and modeler Jay Weiland wrote on December 16, “Witnessing some of these record setting wastewater signals is now MANY European countries after Pirola dominance is eye opening. We have to prepare ourselves for at least the possibility that we see a very large spike in the US in coming weeks.” He also noted that once JN.1 became dominant in France, hospital admissions began to rapidly climb.

Variant tracker Ryan Hisner remarked on December 4, “If a new variant is going to cause an increase in infections or hospitalizations, we usually don’t see any indications 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.”

Hisner made the point with the Alpha variant in London in early December 2020. Once it passed 50 percent of overall sequences, COVID infections began to rise dramatically and with it the hospitalizations and deaths.

The rapid global spread of JN.1 is ushering in the fifth year of the ongoing COVID-19 pandemic, which has already caused over 27 million excess deaths and potentially hundreds of millions of cases of Long COVID globally.

Recent studies published in *The Lancet* and *Statistics Canada* reaffirm the immense dangers that the virus continues to pose to global society, and that even if most people develop little to no symptoms during the acute phase of a COVID infection, the impact on their organ system and potential for Long COVID remain considerable.

In the US, excess deaths for 2023 have remained stubbornly high (160,000), while disproportionately affecting young working-age people. As actuarial reports have noted, the causes for many of these deaths showed higher mortality from liver, kidney, and cardiovascular diseases, as well as diabetes, all of which have been proven to be precipitated by COVID infection.

In the UK, excess deaths were up 7.2 percent for 2022 and 8.6 percent for 2023 compared to the five-year average before 2020. In a recent published report on the UK in the *Lancet Regional Health*, the authors wrote,

in the period from week ending 3 June 2022 to 30 June 2023, excess deaths for all causes were relatively greatest for 50-64 years old (15 percent higher than expected), compared with 11 percent

higher for 25-49 and those under 25 years old, and about nine percent higher for over 65 years old group.

In particular, for middle-aged adults, deaths from cardiovascular diseases, strokes, respiratory infections, and diabetes were considerably higher.

The evolution of JN.1 underscores the continued ability of SARS-CoV-2 to mutate into potentially more dangerous variants. It makes abundantly clear the fraudulent character of the decisions by the WHO, the Biden administration and virtually every world government to declare the pandemic no longer a global public health emergency.

The present state of the pandemic, which is now met with a collective shrug by world capitalism, epitomizes the complete inability of this social system to address the most urgent needs of humanity. A highly damaging and dangerous virus is simply being ignored and allowed to circulate among billions of people, to the great detriment of the population.

Workers and young people should continue to heed the risks posed by COVID-19 and do everything they can to protect themselves from infection, but fundamentally it is necessary to draw political conclusions from the experience of the past four years of the pandemic. Capitalism is rotting on its feet and is incapable of addressing the most basic needs of society, including the right to health and a safe environment. It must be replaced with a planned world economy, one of whose central features will be a globally coordinated public health program provided with ample resources, capable of eliminating COVID-19 and all other infectious diseases possible.



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