

Australian COVID surge the worst in at least six months

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As in many countries internationally, including the US and in Europe, Australia is in the midst of a substantial surge of COVID-19. Newer highly infectious variants of the coronavirus are spreading unchecked and the limited indices available point to a substantial increase of illness and hospitalisation.

The general global rise in transmission is likely compounded by the fallout from the Christmas/New Year holiday season, with the virus spreading in indoor and large outdoor gatherings. The past two years, the December/January period has witnessed substantial spikes of the virus, including the 2021–22 Omicron tsunami, when governments lifted successful public health measures and millions of people were infected.

To an extent greater than even last year, governments and health authorities are covering up the surge. It is occurring under conditions where daily reporting of infections, illnesses and deaths ended long ago, and the media references the pandemic in the past tense.

In a sign of the extent of the crisis, health officials have felt compelled to belatedly acknowledge what is underway.

Today, New South Wales Health issued its latest surveillance summary for the fortnight ending January 6. It stated: “COVID-19 activity remained at high levels across all indicators in the past fortnight. COVID-19 polymerase chain reaction (PCR) test positivity was 17.9 percent.” The positivity rate is higher than any time over the past year, though PCR testing is difficult to obtain, limiting what can be extrapolated from that metric.

The advisory added: “Indicators suggest COVID-19 activity in the past fortnight is higher than the 2023 winter peak, and across greater Sydney is approaching levels observed in December 2022.”

An accompanying graph tracking hospital presentations and admissions in New South Wales shows a dramatic rise in recent weeks. Presentations have been increasing

since late November. But they surged from around 800 COVID-related hospital presentations per week in the first fortnight of December, to more than 1,400 at the end of the year.

For some weeks, hospital admissions had remained static, at around 200 per week, despite the trend of increasing presentations. Entirely unexplained, the discrepancy suggests people were being turned away from the overstretched public hospitals, which were maintaining some sort of quota on the number of patients each week.

Whatever the case, hospital admissions reached 400 per week by the end of the year, doubling in little over a fortnight.

Kerry Chant, NSW chief health officer, said today: “Currently, the Omicron variants EG.5 and JN.1 appear to be driving the majority of transmission in the community, with JN.1 increasing in prevalence, in line with what we have seen in other countries.” Authorities have described a “wave on a wave,” with JN.1 increasing transmission, which was already at high levels amid a surge of earlier Omicron variants over the past two months.

Chant continued: “No one wants to see high levels of transmission in the community, but we do know what works to limit transmission in these circumstances and I am calling on the community to do those simple things that will make a big difference.”

That is a cynical attempt to blame the population for the developing health crisis. The measures that “work,” including indoor mask mandates and density levels were overturned by all governments, well over a year ago. In NSW, a centralised directive requiring that masks be worn in patient-facing areas of public hospitals was abolished mid-last year, ending any pretence of limiting hospital-acquired infections and protecting the most vulnerable.

Infection numbers have been unreliable and understated since the testing system was deliberately overwhelmed by

the 2021–22 Omicron surge. Now, they are completely meaningless. NSW case numbers remain almost static, with only a limited increase registered despite the spike in hospitalisations.

The surveillance report's reference to the 2023 winter peak underscores how much COVID is circulating. Already, the infection numbers were a gross underestimate, but even still, in June last year official case numbers for NSW approached 15,000 per week. In December 2022, also referenced in the report, weekly case numbers exceeded 40,000. Those infection levels were associated with a major increase in deaths, with more than 100 recorded in two weeks of January 2023, compared with low double-digits prior to the surge.

That is a warning that the mass transmission now underway will lead to a further spike in mortality.

The surge is not limited to NSW. In neighbouring Victoria, the second-largest state, COVID hospitalisations reached 377 on January 5. That compared with 266 on December 15 and is the highest level since June last year.

In Queensland, 322 were hospitalised in mid-December. The current number is not known. That compares with 68 hospitalisations in the beginning of October.

This is an indictment of governments, Labor at the federal level and in every state, except Tasmania, and the health authorities, who actively encouraged the spread of the virus over the holiday period.

Paul Kelly, the national chief medical officer, infamously described Omicron as a “Christmas present” in December 2021, because it provided a pretext for ending health restrictions to ensure maximum business and profit-making activities.

Last month, Kelly declared: “If you're feeling vulnerable yourself for whatever reason, from a health perspective, then feel free to wear a mask. That's people's choice that they can do that to protect themselves.” One would have no idea that he was referencing a virus that has officially killed almost 24,000 Australians, more than 20,000 of those fatalities over the past two years.

Kelly obscenely suggested that people visiting relatives in aged care facilities could “consider” wearing a mask, emphasising that it was not mandatory. As of January 4, there were active outbreaks at 413 such facilities across the country. Throughout the pandemic, they have been transformed into killing fields, with more than 6,100 confirmed fatalities.

In comments last October, NSW Chief Health Officer Chant went even further, repudiating the most basic

principles of medical ethics and scientific method. Chant discouraged young people who were ill from finding out what virus they were afflicted with. She contemptuously instructed them to remain at home and tough it out, in the manner of a hotel doorman, shooing the hoi polloi away.

Australian Bureau of Statistics (ABS) data, released last month, showed that for the first eight months of 2023, deaths were estimated at 6.1 percent above expected levels. That equates to thousands of lives lost that should not have been. The ABS described COVID as a “key contributor” to the ongoing excess mortality.

The ABS report pointed to the class character of the toll, overwhelmingly afflicting the poor and vulnerable. It stated: “In 2021, the number of people who died due to COVID-19 was 6 times higher for in those in quintile 1 (most disadvantaged) than those in quintile 5 (least disadvantaged). This ratio declined to 2.8 times higher in 2022, and has fallen further to 2.4 times higher in 2023.” Whatever the causes of that narrowing, a major social discrepancy remains.

The situation will only worsen. Governments are continuing to roll back the last vestiges of a public health response, with federal Labor last month shutting down the National Coronavirus Helpline, which had been fielding roughly 130 calls a day from people seeking assistance.

Vaccination, falsely presented as a silver bullet justifying the end of all other essential restrictions, has now also been dropped. An article posted on the *Conversation* website in late November noted that only 38 percent of people deemed to be at high risk due to their age or underlying health conditions had received a COVID vaccination over the previous six months.

As the WWS New Year's statement explained, what has become crystal clear is that the fight against COVID is a fight against capitalism. Every aspect of the official response is based upon the subordination of fundamental social interests, including to health and life itself, to the profit-making activities of the largest corporations and businesses. The struggle to end the pandemic thus poses the need for an international fight by the working class to abolish capitalism and reorganise society on socialist foundations.



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