Millions infected, thousands dead in winter surge of COVID-19 in the US

Benjamin Mateus
5 February 2024

Although the current COVID-19 wave of infections with the JN.1 subvariant of Omicron peaked on the eve of the new year, the latest data on SARS-CoV-2 wastewater concentration reported by Biobot Analytics indicates rates have plateaued at around 821 copies per milliliter, which is considered a very high level. A second peak is anticipated in mid-February before infection rates begin to decline for the winter.

Modeling by clinical psychologist Dr. Mike Hoerger of Tulane University, who also teaches statistics and research methodology to medical professionals, through his Pandemic Mitigation Collaborative, estimated that this corresponds to more than 1.2 million daily infections, 8.5 million infections for the preceding week with anticipated Long COVID cases among these numbering from 426,000 to 1.7 million.

The total cumulative number of infections in 2024 is projected at approximately 41 million people. Given almost 100 million were infected by the end of December in the winter wave, it is reasonable to assume that by the end of the winter wave at least half of the country will have been infected at least once. It would also be reasonable to assume that a majority of these are reinfections. Hoerger's estimates place the average number of infections in the US at around 3.2 times per person.

Despite these horrific figures, hardly any news media, let alone the Centers for Disease Control and Prevention (CDC) or White House, is offering any semblance of a warning to the population let alone the scale of the public health crisis that is sweeping over the population.

The infected have to go it their own relying on family or friends and neighbors, if at all, to care for themselves. All the while they will be negotiating with their employers for time off that will be deducted from their paid time off, if they have any. But even these limited measures to protect oneself and others are being curtailed by the demands of industry and not on any objectively scientific or clinical recommendations.

For example, California's Department of Public Health, aligning their practice with "other respiratory viruses," issued new rules in January that eliminated isolation requirements for asymptomatic COVID-positive students and most workers and limited isolation periods to 24 hours for those with mild symptoms. These regulations make a mockery of any basic idea of infection control with a virus that has a propensity to infect every organ in hosts whose immunity is limited to a brief few weeks after previous vaccination or infection and then against severe disease.

Lisa Wilson, a mother of a disabled student at Berkeley Unified High School, upon hearing of the state's January 9 recommendations which many public-school districts across the state have readily adopted, told the local press, "The department's recommendations have no basis in public health epidemiology … infected but asymptomatic students are still contagious. Their politically driven policies will only lead to more disability and death."

The impact of the ending of the emergency phase of the pandemic last May is coming into view. This meant a rapid turn to abandoning all public health measures and defunding of the ability of health agencies and health systems to respond to public health threats. As a consequence, not only is COVID continuing to cause significant harm to the population, but previously checked diseases that had nearly been forgotten are once more erupting on the world stage. In particular, the emergence of measles should stand as a disturbing development and a warning that priorities need to be redirected to protecting populations.

One must ask, is California's Department of Public Health correct to lump COVID with "other respiratory viruses" such as the flu? It would bear reviewing the clinical data between these two pathogens during the Pirola phase of COVID.

Biobot Analytics' data also showed that wastewater concentrations for both influenza A and B peaked at the same time as SARS-CoV-2.

According to the CDC's "Weekly US Influenza Surveillance Report," since the flu season began in early September, there were nearly 160,000 people hospitalized for influenza infection. There were more than 460,000

COVID admissions in the same period. The peak of flu deaths occurred on the last week of 2023 with 771 deaths reported. During the same week, the CDC registered 2,250 COVID deaths, or a figure almost three times higher.

While the 2023/2024 flu-season has claimed 5,434 people, COVID-19 has killed 27,671 in the same time frame. Also, very compelling data from Greg Travis, who maintains the only excess death tracker for the United States, showed that between 2022 and 2023, around 960 children 17 years old and under died from COVID. By comparison, 248 children died in the last two flu seasons.

However, given the lifting of mandates for reporting by health systems to the CDC on COVID admissions and deaths, even these horrific figures can be construed as under-counts, underscoring the dangers posed by COVID to the elderly and infirm, who are effectively being euthanized by the inhuman policies that have prioritized finances over survival.

Additionally, the low rates of death from the flu during the first two years of the COVID pandemic, a byproduct of near universal masking and social distancing during the first phase of coronavirus, demonstrates that these respiratory pathogens can be eliminated and lives protected. But these need to be stated goals of states and governments to protect life. The resurgence of the flu to previous levels only further confirms the Socialist Equality Party's analysis that the malign neglect of the ruling elites has caused life expectancy to decline for the working class, for whom the social benefits of public health services can't be understated.

And still, rates of uptake of the COVID vaccines remain abysmal. As of January 20, 2024, little more than one in five adults have received the updated COVID boosters. Among those in rural communities, the rate was under 17 percent. Among children, little more than one in ten have received the vaccines. By comparison, the national coverage for the flu vaccines is about one in two.

These figures do not even begin to take into consideration of the impact of Long COVID, which has been described as a mass-disabling event and a pandemic within a pandemic. A recent study conducted by *HelpAdvisor*, a health advisory group, found that nearly one-quarter of Americans 18 years of age and older, who previously had been infected with SARS-CoV-2, went on to experience symptoms of Long COVID. Adults in Oklahoma had the highest rates of Long COVID, which affected one-third of the state's population. Nationally, almost one-third of those with previous COVID infections reported having post-acute symptoms that impacted their ability to carry out daily activities.

Those with health conditions who are older have a higher propensity for displaying long-term manifestation of chronic illnesses associated with their COVID infections. For instance, studies in cancer patients have shown that up to half of them have persistent symptoms, most commonly associated with fatigue, sleep disturbances and body aches. These have considerable ramifications as they have multiple co-morbidities and higher need for healthcare access which may be compromised by Long COVID.

A recent telephone survey study conducted by Canadian Cancer Survivor Network (CCSN) studying Long COVID had 1,505 respondents, of whom 50 percent had developed COVID, or their caregivers did. Of those surveyed, 16 percent developed Long COVID. Nearly half of these infections occurred more than a year before the survey and half reported that the severity of their infections was moderate. As to vaccination status, 81 percent had noted having received at least one to two boosters and 12 percent had two doses of the vaccine.

Of those who developed Long COVID, 72 percent had fatigue, while 57 percent had difficulty breathing and 53 percent had memory, concentration, or sleep disturbances. Only 38 percent had symptoms lasting less than six months while a quarter of respondents had symptoms for more than one year. Yet, when asked how long it took to feel completely recovered from Long COVID, nine in 10 admitted they still had residual symptoms of Long COVID that were like their initial Long COVID symptoms. Many with Long COVID were frustrated by the health systems' unfamiliarity with or hesitancy to treat their condition.

The saying that the best way to avoid Long COVID is to avoid COVID in the first place remains undeniably true.