

# Winter COVID wave of mass infection continues across the US

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After a massive peak of COVID-19 infections that reached its zenith on New Year's Eve, by nearly all accounts, the winter wave was expected to recede and inaugurate another lull in infections, at least until population immunity began to wane again and a new variant was discovered to outdo its predecessors in terms of contagiousness and immune-evasiveness.

Yet, before January was through, national wastewater concentration of SARS-CoV-2 began to climb once again from the low of 812 copies per milliliters and has continued to rise by 14 percent to 929 copies per milliliters on February 19. When one reviews the wastewater data throughout the pandemic, the usual trend is for a rapid decline after the holiday peaks, with cases rapidly plummeting in February and March, but this pattern has yet to materialize.

Dr. Mike Hoerger, PhD, from Tulane University, who opened the Pandemic Mitigation Collaborative to address the physical and emotional burden of the COVID-19 pandemic, has been modeling the national wastewater concentration data released weekly by Biobot to estimate daily COVID-19 infection rates in the US. In response to Monday's update from Biobot, he noted on his social media that the US remains in a prolonged high-transmission COVID surge.

Hoerger added, "Bad news: levels are still rising. Historically, February is marked by a rapid decline in transmission. [The] 929 copies/mL corresponds to 1.35 million infections per day." Furthermore, his model estimates that around 2.7 percent of the population is actively infectious with possibly 60,000 people expected to develop Long COVID each day.

To place these figures into context, Hoerger noted, "Relative to the full pandemic, transmission remains higher today than during about 86 percent of the pandemic ... The present 'post-surge hill' of

transmission are higher than the 5th, 6th, 7th, and 8th largest waves in the US in its own right."

He noted that these estimates remain within their margin of error, implying that given the lack of any national mitigation efforts, these are not unexpected. "The take-home is that we're in extremely high sustained transmission, hopefully plateauing, and with an updated post-surge hill peak transmission of somewhere between February 7 and February 21," or precisely today.

For the next several weeks, rates of COVID infections across the US will remain alarmingly high and only expected to halve within the next four weeks. However, if next week's Biobot report indicates that levels continue to rise above 1,000 copies per milliliter, Hoerger called this a very bad sign and "model-defying in fact."

Since August 26, 2023, weekly COVID-19 deaths have remained above 1,000 and over 2,000 per week since December 30, 2023. For the week ending January 20, another 2,152 people died from this preventable disease. Given the sudden upturn in COVID-19 infections, these levels of death will most likely also be sustained in the weeks ahead, with the full level of excess deaths only ascertainable months down the line.

The current February phenomenon of prolonged high transmission of COVID-19 infections is a byproduct of ending the pandemic emergency declaration. Presently, COVID-19 vaccination rates are abysmal for every age category. Masking has become non-existent. Testing, isolating and quarantining have essentially been abandoned. And the promises to implement and enforce indoor air cleaning have failed to materialize.

California and Oregon have already implemented rules that tell infected workers and students that as long as they are asymptomatic or fever-free for at least 24

hours they can go about their lives, regardless of the risk they pose to others that include the elderly, infirm and immunocompromised. The misnamed Centers for Disease Control and Prevention (CDC) said last week that they would follow suit and scrap their current guidelines that encourage infected people to isolate for five days and avoid transmitting the virus to others.

In other words, the ongoing high rates of COVID-19 transmission are a byproduct of a non-viable public health infrastructure that runs roughshod over the population's health for political and financial considerations.

As Hoerger correctly summarized, "What we are doing right now is focusing more on quarterly (short-term corporate interests) or nine-month plan (election). The consequence of laissez-faire public health is 84 consecutive days of more than one million daily COVID infections."

The abrogation of public health in the US, at the center of world capitalism, has its corollary in the global response by all national health agencies, including the World Health Organization (WHO), to prioritize national and financial interests over considerations of global health. In addition to the ever-present danger of the next pandemic, multiple diseases previously eliminated or kept in check in developed countries have resurged, including syphilis and measles.

Last Friday's passing of the two-degree Celsius mark for climate change only underscores the dangers posed both from natural disasters to human populations, as well as the growing dangers that another novel pathogen that will emerge and give rise to the next pandemic.

The annual healthcare and indirect costs for influenza were estimated at around \$90 billion in 2007. Adjusted for inflation, this means for the flu, which was shown could be eliminated in 2020-2021, these costs amount to \$135 billion per year. By giving COVID free rein to spread throughout society, healthcare economists estimate that associated health costs will range from \$137 and \$379 billion in the US alone.



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