

CDC urges actively infectious COVID-19 patients to return to work and school

Benjamin Mateus, Evan Blake
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On Friday, the US Centers for Disease Control and Prevention (CDC) issued new guidelines urging people who are actively infectious with COVID-19 to return to schools and workplaces, thereby infecting their coworkers and the general public.

Under the guidelines, workers are encouraged to return to work 24 hours after their last fever, a period in which the vast majority of COVID-19 patients will be actively infectious.

This guidance has no basis whatsoever in public health. It has two fundamental aims. First, it seeks to ensure that workers show up on the job even as they pose a major safety threat to their coworkers and customers, in order to create profits for large corporations.

Second, and no less important, by allowing COVID-19 to spread uninterrupted, the US government, speaking on behalf of the financial oligarchy, is seeking to reduce life expectancy and create the conditions for the early deaths of older Americans and immunocompromised people.

The CDC's policy change is being implemented under conditions in which COVID-19 is circulating at a higher level than at the same time during any previous year of the pandemic and under conditions in which all restrictions on the spread of the virus have been dropped. Due to the ending of all pandemic surveillance after the Biden administration scrapped the COVID-19 public health emergency declaration last May, the circulation of COVID can now only be seen through wastewater data.

The CDC's new policy lumps COVID-19 together with other respiratory viruses, including seasonal influenza and respiratory syncytial virus (RSV), encouraging all those infected with these pathogens to report to work and resume normal activities.

At least one-quarter of working Americans lack any sick leave, which is often taken from their paid time off (PTO). Among private-sector workers, only 40 percent of the lowest paid workers are provided sick leave. Now, bosses and managers can invoke the CDC's guidelines to demand that their employees come to work sick or risk being fired.

Every aspect of the new guidelines goes against the well-known scientific truths about COVID-19: Without testing, patients cannot determine by themselves whether or not they are infectious; a large percentage of COVID-19 transmission is through asymptomatic patients; fever is only one of over a dozen COVID-19 symptoms; upwards of 20-40 percent of COVID-19 patients are still infectious after five days, with some more than a week.

The guidelines are in direct contrast to the basic principles of

public health, which aim to limit the spread of all pathogens and minimize the morbidity and mortality burden suffered by society. Instead of advocating an expansion of paid sick leave for all workers, mass testing, contact tracing, and other basic public health measures for COVID-19, influenza and RSV, the CDC reduced to the bare minimum its isolation recommendation for all respiratory viruses, while no longer encouraging testing whatsoever for COVID-19.

This is only the latest in a continuous stream of unscientific policy changes by the CDC, which has discredited itself in the eyes of all serious scientists, doctors and anti-COVID advocates over the course of the pandemic.

Denouncing the CDC guidelines change, Dr. Lucky Tran, a science communicator at Columbia University, told *Forbes*, "The changes in the CDC guidelines are really a result of political and corporate pressure. It's a dangerous change that goes against the science, encourages disease spread, and prioritizes corporate interests, making it easier to exploit workers."

Dr. Ellie Murray, an assistant professor of epidemiology at Boston University's School of Public Health, told CNN, "It's not good science. It's not good public health. It doesn't provide people with accurate information."

Dr. Eric Topol, founder and director of the Scripps Research Translational Institute, also told CNN, "The overwhelmingly abundant evidence for this virus over the past 4 years tells us that it is a far more dangerous pathogen than flu, which lacks seasonality, is still evolving, has induced Long COVID in tens of millions of people throughout the worlds and cannot be 'FLU-ified.'"

Indeed, the CDC's own data, including the "Background" document justifying its latest policy change, make clear that COVID-19 remains far more dangerous than the flu, RSV or any other seasonal virus.

In the first week of February 2024, close to 1,600 people died of COVID-19 in the United States. Since August 26, 2023, i.e., for 24 consecutive weeks or nearly half the calendar year, the official weekly death toll in the US has remained over 1,000. While 5,748 Americans died from the flu in 2023, more than 77,000 perished from COVID-19.

According to data analyst Greg Travis, who maintains the only COVID-19 pandemic excess deaths tracker in the US, those between 18 and 44 years of age continue to see excess death rates at 20 percent above pre-pandemic baselines. Children under 18 have faced excess death rates from COVID-19 five times higher

than the flu. It is not just the old and infirm being culled, but even those in the prime of their lives and those whose lives have barely begun.

According to the CDC's tracker of official COVID-19 hospitalizations, for the week ending February 24, 2024, a total of 17,310 people were admitted to hospitals across the country due to COVID-19 infection, far higher than any other respiratory virus. The "Background" document contains a chart noting that between October 1, 2022 and September 30, 2023, hospitalization rates of 250 per 100,000 persons were still roughly half the rates of the same time period over the prior two years and continued to dwarf admissions for influenza and RSV.

Furthermore, SARS-CoV-2, the virus that causes COVID-19, is evolving at a faster rate than any other respiratory pathogen, constantly producing new, immune-evasive variants like the JN.1 "Pirola" variant that quickly swept the globe this winter.

Thousands of scientific studies have shown that COVID-19 is capable of damaging virtually every organ in the body, including the heart, lungs, kidneys and brain, at far higher rates than the flu or other respiratory viruses. Over 20 million Americans of all ages are now suffering from Long COVID, in addition to hundreds of millions more globally.

In justifying its policy change, the CDC falsifies the scientific knowledge pertaining to Long COVID and minimizes the ongoing risk of this often horrible affliction, stating in its "Background" document that the "prevalence of Long COVID also appears to be decreasing."

The latest data from the CDC's own National Center for Health Statistics, which conducts a regular Pulse Survey of US households, indicate that rates of Long COVID have shot up to record levels during the ongoing winter wave of the JN.1 variant, which scientists estimated infected over a third of the American population in recent months.

In January 2024, 17.6 percent of American adults reported having had Long COVID at some point during the pandemic, equivalent to almost 60 million Americans.

In an article published in *The Conversation* this week, leading Long COVID researcher Dr. Ziyad Al-Aly of Washington University in St. Louis wrote:

[T]here is now abundant evidence that being infected with SARS-CoV-2—the virus that causes COVID-19—can affect brain health in many ways. In addition to brain fog, COVID-19 can lead to an array of problems, including headaches, seizure disorders, strokes, sleep problems, and tingling and paralysis of the nerves, as well as several mental health disorders.

Noting that these dangers have persisted under every SARS-CoV-2 variant, Dr. Al-Aly highlighted studies showing that memory problems are common, imaging studies demonstrating brain shrinkage after COVID-19 infection, a study showing that mild to moderate infections produced at least seven years of brain aging, and autopsy reports demonstrating the presence of SARS-

CoV-2 in the brain tissue. He concluded with alarming findings from a recent study showing that COVID-19 patients suffered a significant drop in their IQ scores.

In the face of government inaction and outright criminality, Long COVID patients are organizing a protest at the Lincoln Memorial in Washington D.C. on March 15. This will be the first such protest in the US since September 2022, when Long COVID patients and advocates rallied outside the White House to denounce Biden's lie that "the pandemic is over."

The *World Socialist Web Site* endorses the upcoming rally, which takes place under conditions in which the entire political establishment is ignoring and covering up the ongoing dangers of the pandemic. The only presidential candidate running in the 2024 US elections who has publicly opposed the CDC's latest policy change is the Socialist Equality Party's Joseph Kishore, who issued a statement on Twitter/X within hours of the release of the new guidelines. Kishore wrote:

Throughout our campaign, @jerrywhiteSEP and I will fight for a socialist public health program in opposition to the Democrats and Republicans' policies of mass infection, debilitation and death. We will fight for a vast expansion in funding for #LongCovid research, the renovation of all public spaces to ensure they have clean indoor air, the scientific education of the public so that everyone knows that #CovidIsAirborne, and for a new Operation Warp Speed to create nasal and other vaccines that provide truly sterilizing immunity to all #SARSCoV2 variants.

The CDC's latest policy change will only further exacerbate the impact of COVID-19 on the US and world population, with the international working class suffering the brunt of the damage. Given that the US is the center of world capitalism, the policies being set by the CDC will be replicated throughout the world, wherever limited isolation guidelines remain in place.

It is critical that the international working class oppose this assault on the right to a safe and healthy environment and fight for a socialist public health program to stop the spread of COVID-19 and all infectious diseases worldwide.



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