

# As bird flu spreads among dairy cattle, CDC scraps COVID reporting for hospitals

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As of May 1, hospitals in the United States are no longer required to report on hospitalizations from COVID-19 or influenza within their facilities to the Centers for Disease Control and Prevention (CDC). This act amounts to a final step in the dismantling of all tracking of the COVID pandemic.

As has often been the case throughout the ongoing COVID-19 pandemic, the CDC is choosing to implement this policy shift during a lull in rates of infections and hospitalizations across the country. It is part and parcel of the CDC's overall strategy to further conceal the real state of the pandemic and of respiratory pathogens in general.

Just two months ago, the CDC issued guidelines urging people who are actively infectious with COVID-19 to return to schools and workplaces. These policy changes have absolutely no basis in public health principles and undermine the safety of the population.

On their National Healthcare Safety Network (NHSN) page updated on April 29, the CDC wrote, "Effective May 1 hospitals are no longer required to report Hospital Respiratory Pathogen, Bed Capacity, and Supply Data (i.e., 'COVID-19 Hospital' data) to HHS through NHSN."

However, immediately following this statement, they then dubiously slipped in a face-saving suggestion: "The COVID-19-related data reporting is important in supporting surveillance of, and response to, COVID-19 and other respiratory illnesses. Given the value of these data for patient safety and public health, *CDC strongly encourages ongoing, voluntary reporting of the data through NHSN.*" [Emphasis in original CDC document]

Moving forward, information on the number of adults and children admitted to hospitals, whether these were confirmed or suspected cases of COVID or influenza, and if they were severe enough to require care in an ICU setting, will become opaque.

This will have significant implications for patients with their health insurance companies or Medicare. The termination of the COVID public health emergency (PHE) declaration exactly one year ago has resulted in over 20 million Americans being disenrolled from Medicaid to date.

The ending of the reporting mandate on COVID-19 will also raise the threat posed by the widespread infection of the highly pathogenic avian flu (H5N1) among dairy cattle and its

potential spread into human populations. This danger has been spelt out in many recent scientific publications by those raising the demand for more transparency and sharing of information with the public.

Although the necessary viral evolution for sustained human-to-human transmission of H5N1 is lacking, and many assert the risk of such a development in the near future remains low, some have correctly postulated that the continued spread of the virus globally means the virus will have ample opportunities to hit on the right combination eventually.

Speaking with *Science*, Dr. Mathilde Richards, a virologist at Erasmus Medical Center, said of the ongoing bird pandemic that has infected close to 40 different mammalian species, "This is the threat that's going to keep knocking at our door until it will indeed, I assume, cause a pandemic. Because there is no way back."

Among the most important lessons of the COVID-19 pandemic is that society must invest in and prepare to identify the threat of future pandemics, preventing them altogether or extinguishing outbreaks quickly through comprehensive public health measures. Preventive measures include protecting ecosystems and scientifically managing urbanization, which require financial resources to renovate infrastructure and supply sufficient personnel for public health agencies and health systems to prioritize pandemic preparedness.

There must be in place the complex logistics systems that can address material supplies such as PPE, and medical therapeutics like vaccine research, production, and distribution. Communication networks and collaborative research capabilities must be in place to immediately address any outbreak in any part of the world. Furthermore, these require a coordinated global network that works not at the behest of rival nation-states, but the international working class as a whole.

Yet, as evidenced by last week's bipartisan inquisition of Dr. Peter Daszak, president of the non-profit EcoHealth Alliance, by the House Select Subcommittee on the Coronavirus Pandemic, science and truth has become a casualty of the intense geopolitical tensions and rivalry that are rapidly devolving into World War III.

Indeed, science and reason, because they insist on an honest inquiry to guide social developments and refuse to obey the

diktats of the imperialist warmongers, are seen as threats by these dangerous political buffoons. From their perspective, Daszak's principled and courageous defense of his work and the science of the pandemic in the service of global populations, must be derided and criminalized as it undermines the imperial aims of the US and EU.

Based on SARS-CoV-2 wastewater data, at present COVID-19 is estimated to be at its lowest level in nine months, according to modeling by Dr. Michael Hoerger from Tulane School of Medicine. There were approximately 390,000 COVID infections per day in mid-April, with rates expected to remain stable over the next several weeks. However, even these lows are higher than at any point after the winter waves in the preceding four years. Notably, in the first week of April, 573 people officially succumbed to their COVID infection in the US alone.

The complete scrapping of all mitigation measures has allowed SARS-CoV-2 to continue evolving unimpeded. Although sequencing data remains limited, the KP.2 (JN.1.11.1.2) lineage of Omicron (24.9 percent of sequences) has now outpaced JN.1 (22 percent) as the dominant variant in the US. It has been rapidly spreading since April 2024. What makes the latest variant problematic, as noted by work performed by Dr. Kei Sato at Sato Lab in Japan, is that "in a neutralization test using XBB.1.5 vaccine serum and convalescent serum from breakthrough infections of XBB.1.5, EG.5.1, HK.3, and JN.1, KP.2 showed higher neutralizing antibody resistance than JN.1."

Dr. Sato and colleagues noted in their preprint study, "KP.2 shows the most significant resistance to the sera of monovalent XBB.1.5 vaccine without infections (3.1-fold) as well as those with infection (1.8-fold). Altogether, these results suggest that the increased immune resistance ability of KP.2 partially contributes to the higher reproductive number more than previous variants including JN.1."

J. Weiland, an infectious disease modeler and scientist, and also an important resource in providing real-time information on the state of the COVID pandemic in the US, wrote on his social media account on Wednesday, "Today marks the first day that US hospitals are no longer required to report on COVID hospital admissions, occupied beds, etc. It makes my job harder, and these changes will lead to a less informed public."

Weiland added, "Forecasting has already become more difficult with the significant decline in sequencing data. Globally, we are doing three times less sequencing than last year and 16 times less than two years ago. Fewer data equals more uncertainty in forecasts."

Modelers like Weiland rely on hospital and sequencing data to cross-check the data they obtain from wastewater and assist them in understanding the current situation and what is in store for the future of the pandemic.

In this regard, the widespread outbreak of the bird flu among

US dairy cattle becomes ominous. There is very limited data being shared with scientists and the public on the real state of the epidemic among bovines and their handlers.

Although there has been only one recent documented infection with H5N1 in a dairy worker, epidemiologist Gregory Gray of the University of Texas Medical Branch in Galveston, an expert on respiratory infections among people who work with animals, told NPR that he suspects the true numbers to be higher based on comments made to him by veterinarians, farm owners and workers.

Gray said, "We know that some of the workers sought medical care for influenza-like illness and conjunctivitis at the same time the H5N1 was ravaging the dairy farms. I don't have a way to measure that, but it seems biologically plausible that they too are suffering from the virus."

What concerns Gray most is that the virus could spread to pigs, who may not manifest severe illness. He stated, "The virus can just churn, make many copies of itself and the probability of spilling over to those workers is much greater."

In the same report, Jessica Leibler, environmental epidemiologist at Boston University School of Public Health, said, "If the idea was to try to identify where there was spillover from these facilities to human populations, you'd want to try to test as many workers as possible." She called for broader testing of workers and their families in the event the virus evolves to transmit easily among people.

This is more than just a hypothetical scenario that can simply be ignored. The major pandemics of the modern era have been influenza pandemics. Despite the repeated attempts to assure the public, including a crass and objectionable opinion piece from leading COVID minimizer Leana Wen in the *Washington Post*, health systems are in a worse position four years into the COVID pandemic and are totally unprepared for the next pandemic, whether it is H5N1 or another pathogen.

With a case fatality rate of roughly 50 percent, an airborne H5N1 virus spreading quickly among the population would make the COVID-19 pandemic seem like child's play. Any claim that vaccines and medical therapeutics would find their way into public hands in short order are simply lies.

The international working class must recognize that all attacks on scientists and public health represent an assault on their rights to a safe and healthy environment. The fight for socialism and against imperialist war also means a fight for a socialist public health program and an emphasis on the necessity of science and reason to shape social consciousness.



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