

As over 1 million Americans continue to be infected with COVID each day, updated vaccines belatedly rolled out

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There continues to be 1.1 million COVID-19 infections per day, according to the Pandemic Mitigation Collaborative (PMC)'s forecast model, which is based on the latest wastewater surveillance data from the US Centers for Disease Control and Prevention (CDC). The PMC model forecasts that SARS-CoV-2 transmission will continue at over 1 million infections per day for the next month. These levels are the highest for the months of August and September for the entire pandemic to date.

The PMC model has been updated with the latest report from version 2.0.0 to 2.0.1, with the major change being the elimination of the BioBot wastewater surveillance data. BioBot has not updated in over 3 weeks, nor has it explained why it is no longer reporting public data or whether and when it will resume doing so.

Other indicators tracked by the CDC are also at high levels. The percentage of positive COVID-19 tests is 16.7 percent, which far exceeds a best practice threshold of 5 percent. This is the highest test positivity rate in over a year, and it means that far too little testing is being done given the high levels of transmission.

Nevertheless, current CDC recommendations for testing do not urge or recommend individuals to get tested whatsoever, let alone if one is symptomatic or has been exposed. The CDC merely provides guidance for those who are self-motivated in getting tested.

Other indicators include that 2.3 percent of emergency department visits, 4.6 percent of hospitalizations, and 2.6 percent of deaths are due to COVID-19. The official emergency department, hospitalization and death rates—all known to be undercounts due to the dismantling of testing and pandemic

surveillance—are higher than this time last year.

New viral variants that emerged this spring now make up an estimated 80 percent of all infections per CDC data. These variants evolved to escape existing immunity from prior infections and vaccinations, which is why transmission levels are so high at the current time. The predominant SARS-CoV-2 variant is the KP.3.1.1 variant, accounting for 42 percent of all infections.

Despite the rapid emergence and growth of the newer KP.2.3, KP.3, and KP.3.1.1 variants, the Food and Drug Administration (FDA) and vaccine manufacturers originally agreed to update vaccines to cover the rapidly fading JN.1 variant. However, the explosive growth of the newer variants caused FDA to change its mind and urge that vaccines cover the KP.2 strain.

Although the change in recommendation was not expected to delay availability of vaccines, the shortsightedness of planning for a “Fall vaccine campaign” is remarkable. COVID-19 has surged during every summer of the pandemic to date, and the new variants grew rapidly. The FDA did not approve the new KP.2-based vaccines from Pfizer and Moderna until August 23, which is concurrent with what the PMC model predicts will be either the highest or second highest transmission level of the summer.

However, as early as late April, researchers had identified that the KP.2 variant “...demonstrates significantly enhanced epidemiological fitness compared to its predecessors, including the dominant XBB lineage.” By early April 2024, KP.2 already made up 20 percent of infections in the UK.

This begs the question, why did vaccine

manufacturers not have the new vaccines ready for the inevitable summer surge, and especially in light of the explosion of infections due to the new variants? The answer is rooted in the criminal “forever COVID” policy of the ruling class. Neither the FDA, nor the vaccine manufacturers, nor the politicians saw any urgency in protecting the public from the new strains.

Thus, the new vaccines, although certainly a welcome development, are too late for the tens of millions of individuals already infected this summer with the new variants. As noted by the September 9 PMC report: “The impact on potential Long COVID cases the next month will be staggering...”

After the FDA approval of August 23, CVS announced availability of the vaccine at its stores on August 28, and Walgreens announced availability beginning on September 6. Both dates are after the two peaks in daily COVID-19 transmission noted by PMC, August 10 and August 24.

Now that the vaccines are available, the CDC has updated its recommendations for vaccination, stating “Everyone ages 6 months and older should get a 2024–2025 COVID-19 vaccine.” This low level of urgency for vaccination is anemic even for CDC standards, compared to advisories it issued on the Health Alert Network urging COVID-19 vaccination.

Experts, including at the PMC, expect a winter wave that exceeds current transmission levels. The PMC model report notes: “Currently, we are expecting an extremely high ‘lull’ between the summer and winter waves the first week of November at around 850,000 daily infections.”

The messaging of politicians and the media, as summarized in a resolution adopted by the Socialist Equality Party at its Eighth Congress last month, has been that “COVID is over” and “will be with us forever.” This messaging has steadily eroded a sense of urgency on the part of the public and enabled vaccine misinformation to rise, with a net consequence that the vast majority of the population will forgo the protection offered by the new vaccines.

The silence and lack of urgency has persisted through the current summer wave of COVID-19. Indeed, the only mention Kamala Harris made to the pandemic in her debate with Donald Trump was to regurgitate the scientifically discredited Wuhan “lab leak” conspiracy theory.

Concurrently, authorities and the media fail to combat vaccine misinformation. KFF reported in July that a lawsuit filed by Kansas Attorney General Kris Kobach against Pfizer repeated numerous falsehoods about the vaccines. The filing of this lawsuit was followed by numerous social media posts echoing vaccine misinformation. The overwhelming media response was to report uncritically on the false allegations of the suit.

Last Fall, KFF conducted a survey showing that only 20 percent of eligible adults received last year’s COVID-19 vaccine within two months of its availability. Approximately half of respondents said they definitely or probably would not get the updated vaccine. KFF also found that previously vaccinated individuals who did not plan to get the vaccine cited a decreasing lack of personal concern about the virus.

Given the ongoing assault on public health, the numbers of eligible individuals who get the updated vaccine this fall are likely to drop further. When combined with new strains of the virus to which the population has less immunity, this is a recipe for increased death and disability due to COVID-19.

Every one of these developments is an indictment of the criminal “forever COVID” policies of the ruling class, which are bankrupt and completely antithetical to public health. The emergence of new strains is inevitable when the virus is enabled to spread widely. The delay in producing vaccines updated to the new strains is inexcusable, especially given the rapidity with which they emerged. The weakness of vaccine recommendations and the lack of testing recommendations, in the context of a high percentage positive test rate, fly in the face of public health best practices.



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