

Surge of respiratory viruses infecting millions worldwide in first weeks of 2025

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In the wake of the holiday season, respiratory illnesses that include COVID-19, flu and RSV are once again on a rapidly accelerating trajectory in the US, Europe and China. Vaccines are available for these pathogens and the means to quickly contain their spread are well-established. But instead, capitalist governments have abandoned sound public health measures, and the “let-it-rip” policy is on full display, given political cover by a massive disinformation campaign.

In the US, many hospitals in the upper Midwest and Northeast are scrambling to reinstitute mask mandates amid fears of what is being called the quad-demic (COVID-19, RSV, influenza and Norovirus, a stomach flu that is passed through the oral-fecal route for which a vaccine is currently in phase two studies). The rising number of emergency room visits speaks to the failure to address respiratory pathogens through public health measures.

Two large health systems in the metro Detroit area, the Detroit Medical Center and Corewell Health, are restricting the number of visitors they allow at their facilities. Dr. Rachel Klamo, president of the Michigan Academy of Family Physicians, told the *Detroit Free Press*, “Our hospitals are busy. Hospitals in southeast Michigan, for sure, are operating at pretty high capacity. There’s just a high burden of illness right now, and a lot of it is respiratory. We’re seeing high rates of influenza type A and B, respiratory syncytial virus or RSV, and then COVID-19 as well. There are hospitals in southeast Michigan with an extremely high burden of COVID right now and have a lot of patients who are very, very sick with COVID. We are at higher levels than we’ve been in some time.”

In the last three months of 2024, between October 1, and December 14, 2024, during the last lull in COVID infections, the CDC estimated there were 9.3 million cases of flu, 4.2 million doctor visits, 140,000 hospitalizations, and 13,000 deaths. For RSV, in the same period, there were 1.2 million cases, 60,000 hospitalizations, and 3,100 deaths. For COVID, the figures were 4.9 million cases, 1.1 million visits, 130,000 hospitalizations and 15,000 deaths.

With respect to the UK, retired physician, Dr. Evonne Curran, who worked at Glasgow Royal Hospital from 1988 to 2022, told *The I Paper* that she had never before encountered a winter infectious disease crisis like the one that is currently inundating

health systems there. Curran said of the four viruses “floating around hospitals at absolutely high levels ... When you have so many infections coming in through hospital doors, what you would normally do to contain infections is to shut that bay and shut that ward. But when you have got 12 ambulances lined up outside A&E and are desperate to place patients in beds, you are going to use beds wherever you can and put patients anywhere. I think it is understandable that people are terrified of going into hospital at the moment. I wouldn’t want to go into hospital in the current situation.”

The wife of former prime minister Boris Johnson (of the “let the bodies pile high in their thousands”), 38-year-old Carrie Johnson, was admitted for almost a week after contracting the flu and pneumonia. She was having severe labored breathing. This only underscores the seriousness of these pathogens to one’s well-being. While the rich and famous have access to boutique health care facilities with physicians at their beck and call, for most working class people, lack of prompt access to physicians means they will keep working and see their health dangerously deteriorate before seeking care at crowded emergency rooms.

Inevitably, the current wave of infections will only be aggravated by the return of students to school and university after the holiday break.

As Curran correctly observed, “Everyone [still] thinks it is people not washing their hands—that’s not the case. These are airborne viruses and even norovirus is found in the air for several hours and is more likely to be inhaled. So, the more people we have in hospital with an infection, the more contamination we have got in the air. You can’t hand wash your way out of this quad-demic because it is mainly spread by what you breathe in and what you breathe out.”

Given the repeated waves of COVID, each with higher rates of hospitalization and deaths than flu, the SARS-CoV-2 virus remains a formidable pathogen, and the population should take heed to avoid infections by masking with well-fitting N95 respirators and using HEPA filters in indoor environments. Vaccines continue to afford important protections against severe disease and death, and development of Long COVID from these infections.

Perhaps more daunting, fewer than 40 percent of

all Americans have planned to obtain the latest COVID vaccine and just over half reported they might get the flu shots. According to an October Pew Research Center survey, “Smaller shares say they will get an updated vaccine (24 percent) or have already received one (15 percent).”

The majority of those choosing not to receive COVID boosters erroneously believe that “it isn’t needed” despite the numerous studies that have demonstrated the rising risk of cardiac disease, neurological consequences, Long COVID, and potential risks of cancers associated with repeat infections. These disparities between the science of COVID and the public’s understanding is the result of the ferocious bipartisan attack on science and public health that has shaped the response to the ongoing COVID pandemic.

For instance, a recent study on cognitive impairments with neurological Long COVID, published in *Nature*, found that these patients exhibited higher rates of fatigue, depression and anxiety and did worse on cognitive tests. They had impairments in their mental flexibility, verbal short-term memory, working memory, and processing speed. These studies have their corollary in real-life experiences of workers. In another study published by Ohio State University researchers, Long COVID was continuing to cause significant daily disruptions in COVID survivors’ personal and professional lives, despite most having been infected in 2020.

The report noted, “For those who continued working after their COVID-19 infection, the effort and energy required for work left little capacity to participate in other life activities and made it difficult to attend recommended health care appointments. Participants reported financial impacts of changes in employment including loss of income and changes in insurance, which were compounded by high health care costs.”

Furthermore, the study continued, “A quarter of the patients who took part in the study reported significant activity limitations and two-thirds reported having a disability. Those with Long COVID show a lower likelihood of full-time employment and higher potential for unemployment compared to those without Long COVID.”

Most egregious, in the climate of COVID denialism, has been the inability of Long COVID survivors to address their health needs. The study’s lead author, Dr. Sarah MacEwan, told *Ohio Capital Journal*, “One thing we’ve uncovered through this work is people not being believed by their providers about their symptoms or being brushed off or pushed into other diagnoses that they feel don’t reflect their experience.” According to MacEwan, “It’s a real question of whether they are getting what they need from the providers they’re able to reach where they are.”

At present, the average number of coronavirus infections per person across the US stands at 3.55 according to the Pandemic Mitigation Collaborative (PMC), led by Dr. Mike Hoerger, a leading international expert on health analytics and COVID-19

modeler at Tulane. In the US, the XEC strain of the virus accounts for nearly 50 percent of all current COVID infections and continues to dominate the respiratory landscape. In their latest report, the PMC note that COVID infections have risen back to approximately 1 million cases per day and could top 1.5 million daily at the peak of the 10th wave.

What is particularly disconcerting however, as some have observed, the troughs (lows) continue to rise with each COVID wave, underscoring the lunacy of attempting to define this virus as endemic, as though it had stabilized or was under control. What remains undefined are the long-term implications of repeat infections with SARS-CoV-2 on overall population health. The evidence suggests that infectious diseases may be one of the primary causative factors of non-communicable diseases.

A study published last week in the *Journal of the American Medical Association* found that there was a positive correlation between early childhood infection burden and subsequent infection risks, and systemic antibiotic use later in childhood. Among 614 children who were part of a study conducted in Copenhagen, the authors noted that children with a high infection burden (equal to or more than 16 episodes) in the first three years of life showed a significantly increased risk (2.39 times) of moderate to severe infections and systemic antibiotic treatments (1.34 times) later in childhood. The findings highlight the importance of infection prevention, not mass infection (aka “herd immunity”) as a public health policy.

The upcoming confirmation hearings of Robert F. Kennedy Jr., who has advanced anti-vaccine conspiracy theories and an assortment of anti-scientific conceptions, to head the Department of Health and Human Services, raises important political and social issues, threatening the advances in public health that have increased life expectancy and well-being for working people throughout the world.

Under the auspices of capitalist production and the turn to more authoritarian forms of rule, these gains are being threatened, and the disinformation campaign being used to sow mistrust in science and public health constitute an effort to degrade the social and political consciousness of the working class.

Indeed, the appointment of RFK Jr. and the second Trump administration will only accelerate the decay into barbarism that has been underway for several decades. Only the working class has the ability to reverse this trajectory through social revolution on an international basis.



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