

The surge of XFG (Stratus) as the next dominant variant of Omicron globally

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More than five years after its initial emergence, COVID-19 continues to evolve, with the World Health Organization (WHO) recently designating XFG, nicknamed “Stratus,” as a new variant under monitoring in late June 2025. XFG, which is rapidly outpacing its predecessor, Nimbus, is a recombinant Omicron subvariant that has been found in increasing proportions globally, particularly in India, Spain, the United Kingdom and the United States.

Despite its spread, the WHO currently assesses the additional public health risk posed by XFG as low at the global level, with existing COVID-19 vaccines expected to remain effective against symptomatic and severe disease. However, this ongoing viral evolution and transmission occurs amidst a devastating crisis in US public health, driven by sweeping policy shifts and budget cuts.

With respect to recent scientific analysis on XFG, in a *Lancet Correspondence*, Caiwan Guo and colleagues from Biomedical Pioneering Innovation Center (BIOPIIC) at Peking University explained that XFG is a recombinant variant, meaning it emerged from two existing subvariants, LF.7 and LP.8.1.2, sharing genetic material from both. It has four important mutations in its spike protein, which is the part of the virus that helps it attach to human cells.

Some of these mutations are thought to help it evade certain antibodies, meaning our existing immune protection from past infections or vaccinations might not work as well. Early lab studies suggest XFG has a nearly two-fold reduction in neutralization compared to LP.8.1.1, indicating strong immune evasion. However, its ability to attach to human cells (ACE2 engagement efficiency) is relatively low, which might require additional changes for it to spread widely and consistently.

It was first detected on January 27, 2025. By June 22, 2025, it accounted for 22.7 percent of globally available SARS-CoV-2 sequences from 38 countries, a significant increase from 7.4 percent four weeks prior. It presently accounts for at least 30 percent of all SARS-CoV-2 variants in the US.

The only accurate and comprehensive review of the state

of the pandemic in the US and internationally remains the Pandemic Mitigation Collaborative (PMC), run by Dr. Mike Hoerger at Tulane University. This underscores the deep crisis of public health, as previously checked diseases like measles have recently resurfaced as a threat to American population.

According to their latest forecast, as of its report on July 14, 2025, the PMC model estimates approximately 2.3 million new infections per week in the U.S. This rate is forecasted to increase, potentially reaching 500,000 daily infections around July 30 (or 3.5 million a week, an increase of more than 50 percent).

While earlier estimates based on reported test cases suggested a much lower figure of around 50,000 new infections per day, updated analysis using wastewater data indicates a significantly higher range of 300,000 to 600,000 new daily infections, translating to 9 million to 18 million infections per month in the US.

Wastewater surveillance is now the most reliable population-level tool for assessing true infection rates, as many infections go unrecorded due to reduced testing and reporting. Extrapolating these U.S. wastewater-based rates to the global population, an estimated 216 million to 432 million people worldwide may be newly infected with SARS-CoV-2 each month as of mid-2025. This global extrapolation is considered reasonable, given the comparable wastewater surveillance trends observed in other developed nations like Germany and Australia.

With respect to excess death rates, PMC estimate that the U.S. is currently experiencing 800 to 1,300 excess deaths per week attributable to COVID-19. If this pace continues, it will amount to approximately 50,000 excess deaths this year, comparable to the worst flu seasons, but primarily affecting high-risk populations such as the elderly and immunocompromised.

The comparison of Infection Fatality Rate (IFR) between COVID and flu finds that COVID remains much more lethal than flu. (IFR measures the proportion of deaths among all infected individuals, including those who are asymptomatic

or undiagnosed.)

For seasonal influenza, typical IFR estimates are very low, hovering around 0.03 to 0.04 percent in population studies. For COVID-19, overall global IFR estimates are significantly higher, ranging from 0.3 to 0.7 percent. COVID-19's IFR is thus roughly 10 times higher than that of seasonal influenza across all age groups on average.

Long COVID, also known as Post-COVID Condition, is a syndrome characterized by persistent or late-onset symptoms after the acute infection. It includes a wide range of issues such as fatigue, cognitive impairment ("brain fog"), shortness of breath, chronic pain and organ dysfunction. According to the WHO, there are over 200 symptoms across virtually every organ system have been reported in patients suffering from this debilitating disease.

Estimates suggest that roughly five to 10 percent of all infections lead to lingering symptoms that can last many months if not years. Although WHO indicates that the risk of developing Long COVID appears to be somewhat lower with Omicron variants and in vaccinated individuals, it remains a concern as immunity continues to wane, new immune evading variants continue unabated, and amid abysmal vaccination rates.

Notably, according to the US CDC, approximately 60 million people received a booster in the US in the last 12 months. In Europe, approximately 15.5 million total boosters were given between August 2024 and March 2025.

Yet, with billions infected globally, even a single-digit percentage of Long COVID incidence translates to a vast number: tens of millions globally have experienced Long COVID. While approximately 85 percent of people with Long COVID are estimated to recover by one year, about 15 percent continue to experience symptoms for a longer time.

The long-term picture regarding COVID-19's health consequences is grim. Large cohort studies globally have revealed elevated rates of heart attacks, strokes, blood clots, diabetes onset, kidney disease, and mental health disorders in the months and years following infection.

This precarious situation is intensified by recent governmental actions, notably the implementation of Trump's "One Big Beautiful Bill," which is rapidly laying waste to crucial public health infrastructure and research funding. The United States is woefully unprepared for the next pandemic, let alone the continuing COVID wave that is regaining momentum.

Following a Supreme Court ruling on July 8, 2025 that lifted an injunction, the Department of Health and Human Services (HHS) proceeded with the layoff of thousands of employees, representing about 25 percent of its workforce, impacting agencies like the CDC and FDA.

Concurrently, the Fiscal Year 2026 budget proposal

outlines drastic cuts to the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). NIH faces an almost 40 percent budget reduction, forcing the consolidation of its 27 institutes into eight and eliminating funding for critical research areas and training programs. Similarly, the CDC's budget is proposed to be slashed by nearly half, undermining its ability to fund state and local health departments and impacting chronic disease, HIV and injury prevention programs.

These moves are occurring alongside the Trump administration's efforts to declare the pandemic "finished" and promote the repeatedly disproven lab-leak theory for COVID-19's origin, as part of the preparation of public opinion for war with China.

Furthermore, the international actions of the Trump administration threaten the complete collapse of the global network of health agencies. The Trump administration's decisions to defund the U.S. Agency for International Development (USAID) and withdraw the United States from the WHO represent a profound and deliberate dismantling of global health infrastructure.

The appointment of figures like Robert F. Kennedy Jr. to head the Department of Health and Human Services (HHS) further politicizes public health, treating vaccines and research as "weapons for US national security policy" and fostering anti-China campaigns that include the "witch-hunting" of scientists. Collectively, these actions demonstrate a profound abandonment of global responsibility by the United States, signifying a broader collapse of the international community's capacity to address global disease threats, leaving millions without access to critical healthcare, food and clean water, and the world more vulnerable to future pandemics.



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