The latest COVID surge, the bird flu death and the fabrication of vaccine injury

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5 November 2026

In its November 2 report, drawing on data through October 24, the Pandemic Mitigation Collaborative (PMC), an independent group led by Michael Hoerger of Tulane University, estimates that national COVID-19 transmission has entered another pre-winter surge: about 1,136,000 new infections a day, 7.78 million in the past week and some 172 million this year, an average of 5.67 for every American since 2020.

Roughly one in 43 people, 2.3 percent of the population, is actively infectious in this 13th wave, higher than at this date in any prior year and spread across 47 states and territories, roughly double that reported in September. By PMC's risk table, the chance that someone is infectious reaches 69 percent in a group of 50. Nearly every classroom, workplace and holiday gathering is now at risk, with the greatest danger in Oregon, with an estimated infection rate of one in 15.

That a surge of this scale is barely visible to the public due to the policy of the Trump administration and Health and Human Services Secretary Robert F. Kennedy Jr. The CDC revised its wastewater figures upward by 25 to 40 percent for seven straight weeks, turning a wave that had looked small into a large one, but only in hindsight, since some 200 of its 1,200 monitoring sites went dark after a September dispute with the firm Verily. The agency quietly relabeled its wastewater categories downward on August 14, so that identical readings now read milder.

Each week at this level produces, by PMC's estimate, between 389,000 and 1.56 million new cases of Long COVID and between 1,900 and 3,300 excess deaths, the latter through complications that rarely appear in any COVID tally; the CDC's own National Vital Statistics System recorded about 127 COVID deaths a week in the four weeks ending October 10. Some 21 million American adults have had Long COVID, more than a million are kept out of work by it, and there is no treatment for it approved by the Food and Drug Administration. Research increasingly finds the virus persisting in tissue and keeping the immune system inflamed long after infection, so that a single infection can leave lasting damage and each reinfection compounds it, dissolving the old line between acute and chronic disease.

In every prior year the winter peak arrived only after the holidays, so a large wave is likely as family and workplace gatherings begin, in a population with the weakest protection in years. On August 27 the FDA restricted the updated vaccines to adults 65 and older and younger people with qualifying conditions; last season only 17.5 percent of adults received COVID vaccines, against 43.9 percent for influenza; and the Advisory Committee on Immunization Practices (ACIP) has issued no recommendation since a court blocked Kennedy's appointees in March, leaving the new vaccines without the government approval that compels insurers to cover them.

Flu takes the headlines

By the CDC's FluView report for the week ending October 24, seasonal influenza is still low but climbing faster than usual, with 7.6 percent of specimens positive and 98.9 percent of subtyped influenza A identified as H1N1 of the D.3.1.1 subclade. The hospitalization rate, 1.3 per 100,000 and an estimated 1.9 to 2.5 after reporting delays, is the highest for this week of the season since 2010, reaching 13.3 per 100,000 among adults 65 and older. The agency counts at least a million illnesses, 16,000 hospitalizations and 900 deaths, the first child among them.

This season's H1N1 carries a mutation, G155E, that Reuters reported on October 20 may fall hardest on the young. Jeanne Marrazzo of the Infectious Diseases Society of America noted that antibodies from last year's exposure failed to recognize the altered virus, especially in teenagers and young adults, and Caitlin Rivers of Johns Hopkins pointed to an immunity gap left by last season's H3N2 dominance. The season began on the West Coast, where positive tests reached 10.7 percent against 0.5 percent a year earlier. Adult flu vaccination has meanwhile fallen from nearly 75 million in 2019 to 58 million, and child coverage from more than 60 percent to about half. Paul Offit of the Children's Hospital of Philadelphia attributed this decline to the administration's cuts to promotion, including Kennedy's order to CDC to stop advertising the vaccine.

ABC News headlined the flu hospitalization record on October 23 while calling activity relatively low. COVID transmission above a million infections a day goes almost unreported.

A death in Yakima and a mink farm no one will cull

On Sunday, November 1, a Yakima County, Washington, resident with underlying conditions died of H5N1 after exposure at a dairy with infected cattle, the first U.S. bird flu death of the year. The county confirmed a third human case the same day. Washington had no infected dairy herds on October 8; by November 2 the Department of Agriculture (USDA) counted 40, almost all in Yakima, each

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carrying the cow-adapted B3.13 genotype that has now reached cattle in 21 states, with Indiana the latest. Nationally the CDC has recorded 72 human cases since the virus entered dairy herds in the spring of 2024 and still calls the public risk low.

The policy behind those numbers is the one the *World Socialist Web Site* has traced since 2024, under both parties: the profits of the dairy and fur industries placed above containment, infected animals neither culled nor confined, and surveillance left to fail. Its clearest expression is in Utah, where, as ProPublica reported on October 23, an uncontrolled H5N1 outbreak had burned through C&T Fenn Farms for two months, the first ever on a commercial mink farm in the Americas. The mink, fed raw cattle organs, carry the same strain as the herds. State officials declared no emergency, reportedly for fear of drawing the attention of animal-rights groups, imposed only a verbal hold on moving animals and carcasses, and did not once visit the farm. Finland and Spain culled farms struck by this strain; Utah never seriously considered it, because, as a fur-trade representative told ProPublica, a cull would end the business.

Utah had already abandoned the active monitoring of farm workers after agriculture officials complained that farmers found it intrusive, and a 2025 interagency agreement states plainly that health officials will not track worker health; one worker found by the reporters had the reddened eye that is often the only sign of human infection and was not tested.

The danger to people is direct. Mink airways carry the human-type receptors influenza uses in the human nose and throat, and mink can host avian and human influenza at once, so that Jennifer Nuzzo of Brown University's Pandemic Center warns the likeliest road to a pandemic runs through their reassortment, now that seasonal flu has arrived. A preliminary analysis of ten mink genomes found every one carrying the PB1-K388R mutation seen in Spain's 2022 fur-farm outbreak.

The fabrication of vaccine injury

While the government conceals the diseases that are killing people, it is building, with great ceremony, an institution devoted to a health danger it cannot show exists. Robert F. Kennedy Jr. has spent two decades asserting that vaccines maim and kill, and he is now using the National Institutes of Health (NIH) to manufacture the evidence. On October 5 he staged a ribbon-cutting, closed to the press, on the NIH campus in Bethesda, leading a roundtable of parents convinced that vaccines had injured their children. Among them was Elizabeth Mumper, his appointee to the federal autism committee, who used remarks later published by the Brownstone Institute to tie vaccines to autism and demand the end of mRNA vaccines for children. Three days later HHS announced the rest: a clinic, payments to doctors who file vaccine-injury reports, a rebuilt reporting system and mandatory injury fields in electronic health records.

The purpose was plain enough that the board overseeing the NIH's own research hospital refused to endorse it, voting unanimously on October 16 behind its chair, Jack Leslie, who warned that signs labeling the roundtable's patients "vaccine injured" announced a conclusion the research had not reached.

Only on October 19 did the project acquire a name, the Vaccinology and Immunology Center, in a statement from Director Jay Bhattacharya describing a study with no budget, no named investigator and no finished protocol, folded into an existing laboratory. What it will produce, whatever it finds, is doubt, and doubt is the product it was built to create.

The whole construction rests on one sentence, that infections cause symptoms "often indistinguishable from adverse events after vaccination." Vaccine harms are real and rare; that is not in dispute. The sleight of hand is the word indistinguishable, which allows the anti-vaxxers to claim that damage caused by the infection was really the result of the vaccine.

The administration's own evidence makes the comparison: a March 9 Pentagon report to Congress found that among service members myocarditis rose to 2.14 times its baseline in the three weeks after vaccination, a brief and self-limiting effect, against 14.33 times after infection, and that infection outran vaccination for 16 of the 17 conditions examined. To weigh a vaccine's risks while refusing to weigh the disease it averts is not science but its opposite.

Nor is there a vacuum for this center to fill. Vaccine harms have been monitored since the National Childhood Vaccine Injury Act of 1986. That surveillance is what caught the Guillain-Barré cases after the 1976 swine flu vaccine and the bowel obstructions after the 1999 rotavirus vaccine. Both were withdrawn. Brianne Dressen, the advocate who spoke at Kennedy's roundtable, was herself evaluated and treated at the NIH and has written that it saved her life. Adding a condition to the injury table requires formal rulemaking and a 180-day comment period, and a retired CDC physician interviewed by the WSWS warned that loading it with unproven claims would bankrupt the program and drive the manufacturers from the market, leaving vaccines not safer but simply scarcer.

Conclusion

The pattern is a single policy wearing many faces. COVID transmission is hidden and its dead uncounted; influenza is called routine as vaccination collapses; measles deaths are struck from the federal tally; a bird flu that has killed a Yakima man spreads through a mink farm the state will not cull or test; and the same government pays physicians to report vaccine injuries and builds a research center around a harm it has yet to demonstrate.

The equivalence it asserts between the damage of infection and the risk of vaccination is no scientific finding but a political decision over whose deaths will be counted and whose will not. Public health was never a gift of the capitalist market but a conquest wrested from it, and its defense now falls to the working class itself, through rank-and-file committees of health workers, educators, scientists and parents independent of both capitalist parties, and the placing of medical research and provision under democratic social control.

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