

Australian COVID-19 infections rise to highest level in more than a year

Martin Scott
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Recent weeks have seen successive rises in reported COVID infection numbers across Australia, with figures in some states indicating virus levels not seen since early 2023.

The growing wave of COVID, along with high rates of influenza and respiratory syncytial virus (RSV), has increased pressure on the already dangerously under-resourced public hospital system. Amid an influx of additional patients and a surge in staff illness, authorities in some parts of the country have been forced to cancel elective surgeries and temporarily reinstitute masking in health facilities.

Australia is “right in the middle of another big wave” of COVID, according to Professor Adrian Esterman, chair of biostatistics and epidemiology at the University of South Australia.

Former Australian Medical Association (AMA) president, Dr. Andrew Miller, speaking on WAMN News about the “massive surge of COVID,” said governments “prefer to believe the lie that it’s all just gone away and we can forget about it.”

That is putting it mildly. State and territory governments, all of them Labor except Tasmania, and above all Prime Minister Anthony Albanese’s federal Labor administration, have consciously and deliberately eviscerated COVID testing and reporting, along with all mitigation measures, in order to promote the criminally reckless conception of “living with the virus.”

Precisely quantifying the growing spread of COVID is therefore impossible, because officially reported data is dated, incomplete, inconsistent, and reflects only a tiny sliver of the real state of affairs.

Esterman told the *Guardian*, “We’re looking at six to ten times as many people actually infected as the case numbers are showing.” This estimate would indicate that between 86,000 and 145,000 people were infected with COVID in the past seven days alone.

But what is inarguable is that, in virtually every state and territory, by every measure that exists, infection numbers are rising.

In Victoria, more than 3,000 COVID infections were reported last week, with 412 hospitalised, up from 319 a week earlier, and 160 at the start of May. The most recent published data show 104 COVID deaths in a four-week period, but as this

ended on May 21, before the impact of the current surge of infections, the figure is likely to rise sharply in the coming weeks.

Partly as a result of the surge in COVID cases and a 65 percent increase in influenza infections in the second half of the month, the Victorian ambulance service declared “code orange” 20 times in May, and every day in the last week of the month. Under a “code orange,” the second most serious emergency classification, the whole health system is warned about ambulance demand and staff are called upon to work extra shifts.

Last Monday, the Victorian Department of Health raised its caution level across the public health system, advising hospitals that they can mandate mask wearing “if they wish,” and warning that they may need to discharge patients earlier in order to free up beds for the anticipated influx.

The fact that such a basic precautionary measure as requiring masks in hospitals was removed in the first place, not just for patients and visitors, but for staff, is a damning indictment of the state Labor governments and health authorities. This could not have been carried out without the collaboration of the bureaucrats in charge of the health unions, who not only allowed this attack on staff and patient safety, but cheered it on.

Esterman noted that the continuing surge in COVID cases was “a major concern, especially since many hospitals have stopped mandatory face masks for their staff.”

The Australian Capital Territory government announced on Tuesday that mask mandates for patients and visitors would be temporarily reinstated, along with restrictions on visitor numbers, under an “amber alert.”

This was as a result of surging weekly COVID infection numbers, which have quadrupled to 270 since last month, and seen 53 people hospitalised with the virus. As well, 231 cases of RSV were recorded in Canberra last week, more than half in children under five.

In South Australia (SA), 2,429 COVID infections were recorded in the week ending June 4, the highest since November last year.

A “code yellow” was declared for the state’s hospitals last week, meaning the cancellation of some elective surgery. With 200 more patients than this time last year, and 237 health

workers off sick with COVID, SA Health Chief Executive Robyn Lawrence said pressure on the health system was “the worst she’d ever seen.”

On June 1, every public emergency department was rated as “busy” or “very busy,” with wait times of up to 4.5 hours.

In New South Wales (NSW), 5,220 COVID cases were recorded in the week ending June 1, a 22 percent increase over the previous week. This is the highest level recorded in more than 12 months, a particularly significant fact given that recorded infection numbers dropped sharply last October with the shutdown of the rapid antigen test reporting portal.

Around 800 patients presented to NSW emergency departments with COVID in that week, and just under 300 were admitted to hospital. These are also the highest figures in more than a year.

Meanwhile, influenza infections rose by 30 percent to 5,230 last week, with the test positivity rate increasing 9.6 percent, while 2,627 cases of RSV were recorded, more than 1,000 among children under five.

In Queensland, 1,895 people contracted COVID and 283 were hospitalised in the week ending June 2. In the same period, 1,242 RSV infections were recorded, with 76 requiring hospitalisation, along with 948 cases of influenza, 46 of them requiring hospital care.

In Western Australia, 1,191 cases of COVID were recorded in the fortnight ending May 26, a 9 percent increase on the previous reporting period and the highest figure recorded since January 2023.

In the week ending June 2, 129 COVID infections were recorded in the small island state of Tasmania, along with 95 cases of RSV and 66 of flu.

Throughout the country, vulnerable elderly aged care residents continue to be subjected to infection and reinfection with COVID. There are currently 499 outbreaks in aged care facilities, with 3,051 residents infected, as well as 1,362 staff. These are the highest infection figures since early 2023.

In the week ending June 6, 49 new resident deaths from COVID were recorded. More than 5,700 COVID deaths have been recorded in aged care facilities since December 2021.

Despite the federal government’s claim that aged care residents are a “high priority” for COVID vaccination, just 41.6 percent have received a booster dose in the past six months.

SA Chief Public Health Officer Nicola Spurrier sought to blame this on the families of aged care residents. She said: “I actually find it difficult to understand if you have a loved one in an aged care facility, why people are not being a bit more proactive about protecting them.”

This statement exemplifies the position of all the governments and health authorities, that the time for a public health response is long gone, and avoiding infection by the “forever pandemic” is entirely a matter of personal responsibility and choice.

This is totally at odds with the interests and needs of ordinary

people, and instead represents the demands of big business that nothing, including protecting human health and lives, can be allowed to stand in the way of profit. It is on this basis that more than 24,500 people—according to understated official figures—have been allowed to die from COVID, more than two-thirds of them under the Albanese government.

This social murder, overseen by Labor governments at state and federal level, has been supported without question by the entire political establishment, including the Greens. Also complicit are the corporate media, in which news of the ongoing pandemic is almost totally suppressed, in line with the fraudulent position that the deadly virus is something that can be “lived with.”

Critical to this conspiracy are the trade union bureaucracies, in health and all other sectors. Since the earliest stages of the pandemic, the unions have opposed any public health measures that could possibly impact the profits of big business, and ensured workers have remained on the job, whatever the risk to their health and lives. That is one expression of their role as a police force of big business, continuously enforcing attacks to workers’ jobs, wages and conditions.

What the working class confronts is a line-up of class forces—Labor, the media and the union bureaucracies. They represent a capitalist system that is hurtling towards catastrophe, starkly expressed in the evisceration of public health measures based on scientific knowledge going back more than a century.

To combat this, workers need to take matters into their own hands. Rank-and-file safety committees must be built in hospitals, schools, workplaces and communities. Through such committees, workers can fight for the implementation of critical public health measures, including N95 masking, air filtration and systematic COVID testing, aimed at ending the pandemic.

Above all, what is required is the development of a mass socialist movement of the working class, directed against a capitalist system that subordinates everything to profit and wealth accumulation for big business and the rich.



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