

# German government to discontinue wastewater monitoring for COVID-19

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The *World Socialist Web Site* previously described Germany's 2025 federal budget as a "war budget dictated by capital." While billions are being spent on armaments and arms packages for Ukraine and Israel, vast cuts are being made to health and social services, including the planned cancellation of epidemic wastewater monitoring for COVID-19 and other pathogens.

The "Wastewater Monitoring for Epidemiological Situation Assessment" (Amelag) went into operation in 2022 and examines wastewater samples from up to 175 sewage treatment plants nationwide, searching for gene copies of coronaviruses on a weekly basis. Even if it is not possible to determine the exact incidence rate, Amelag provides information on whether the infection rate is growing or declining and where outbreaks are occurring. Waves of infection can also be recognised at an early stage.

Especially since the abolition of mandatory personal testing and all other coronavirus protection measures, wastewater monitoring is one of the most informative tools for determining the status of the pandemic. The planned abolition of this vital public health program illustrates the aggression and criminality with which the ruling class is enforcing the "forever COVID" policy. It not only spreads the lie that the pandemic is over, it also seeks to eliminate all data that proves the opposite.

Amelag's federal funding expires at the end of the year and there are no plans to extend it. A spokesperson for Health Minister Karl Lauterbach (Social Democrat, SPD) confirmed: "Unfortunately, no funds for the continuation of wastewater surveillance could be included in the government's draft federal budget for the time being." Although attempts were being made "in the course of parliamentary deliberations to obtain funding for continuation," it is quite clear that these are

just empty phrases. In government questions in the Bundestag (parliament), Lauterbach attempted to shift the funding to the municipalities, which are already in debt as it stands. "The federal government is not responsible for every sensible expenditure," he explained.

Last year, Lauterbach announced the cancellation of funding for research into Long Covid and the development of therapies and medicines to combat it. The cut from €100 million to €21 million was justified with claims of a "tight budget situation." He thus made it clear where this cancelled money was going: into military armaments, the only area of the budget to be significantly increased. With regard to the continued operation of Amelag, the Robert Koch Institute (RKI) public health body explained that only €5 million per year would be necessary—that is, 0.8 percent of the sum of Germany's most recent military support package for Ukraine.

A petition addressed to the Federal Ministry of Health on [change.org](https://change.org) under the title "Stop the end of AMELAG! Germany needs modern epidemiology" already has over 4,500 signatures. It explains: "Modern epidemiological surveillance is based on collecting data as quickly, comprehensively and unbureaucratically as possible. As the Sars-CoV-2 pandemic shows, modern surveillance systems are more necessary than ever in a globalised world affected by the overexploitation of natural resources." The petition goes on to castigate the government's abolition of all measures, noting, "Contrary to the experience of modern medicine, for the first time in human history we are relying on individual responsibility to overcome a pandemic."

Many signatories of the petition write in their explanatory statement that the COVID-19 pandemic is not over and that they themselves have already fallen ill

with Long Covid.

Just how drastic the situation is, is also shown by the figures for the rising autumn coronavirus wave. According to the RKI's latest weekly report on acute respiratory illnesses (ARI), 7.4 million people are currently suffering from acute respiratory diseases—a particularly high level for this time of year. COVID-19 directly accounts for around 22 percent of these. However, it is quite clear that the unhindered spread of COVID in recent months and years has weakened the immune systems of millions of people. As a result, they also fall ill more easily with other forms of ARI.

COVID-19 currently accounts for 17 percent of the number of severe ARI cases, although there are clear age differences, with COVID-19 accounting for 30 percent of severe respiratory illnesses in the over-80 age group.

Wastewater levels of COVID have sharply increased since mid-September. Last week, 239,000 gene copies per litre of wastewater were measured, while in the previous week the figure was 185,000. The viral load has doubled in the last four weeks. According to GrippeWeb, which collects data on the incidence of infection based on information from a test group of volunteers, the estimated COVID incidence is currently around 1,100.

The number of hospitalisations is also rising slightly and now stands at a 7-day incidence of four hospitalisations per 100,000 inhabitants. The number of deaths rose to 129 last week, compared to around 80 per week in the previous weeks.

The dominant variant is currently KP.3.1.1, which accounts for 41 percent of infections. The recombinant sublines now account for 27 percent, with virologists estimating that XEC has around twice the growth advantage of KP.3.1.1 and will be the dominant variant in winter.

In the UK, British GP Helen Wall reported in a recent interview with the *Manchester Evening News* that she has observed a difference between XEC and previous infections in her practice. Anyone infected with this variant should be prepared to feel “knocked out.” She explained: “Previous symptoms were more like cough and cold symptoms, but at the moment Covid seems to be really knocking people out.”

The long-term effects of COVID-19 are also being increasingly discussed. Broadcaster SWR recently

published a report on the first anniversary of the post-COVID outpatient clinic in Mainz. The internist interviewed, Christoph Lembens, reports that more than 1,000 patients had already been treated in these twelve months. The appointment diary was still fully booked well into next spring.

Lembens estimates that around a fifth of his patients have not recovered from their COVID infections. This not only affects older people with previous illnesses, but also many younger people. Those affected suffer from exhaustion and fatigue. Some of them also have severe circulatory fluctuations, for example an extreme drop in blood pressure as soon as they stand up, which can lead to their simply falling over.

For many, it gets even worse: they may also have major muscular problems, so that some sufferers are dependent on a wheelchair. Many have cognitive impairments, including “brain fog,” making it extremely difficult to concentrate or memorise things.

These reports illustrate the criminal nature of the ruling class “forever COVID” policy, which has condemned hundreds of millions globally to suffer long-term damage to their health so that profits continue to flow.



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