

Australian Labor government quietly acknowledges likely COVID holiday surge, but no public health measures

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In a statement released on Friday, the Labor government's Health Minister Mark Butler blandly noted "an expected festive season wave" of COVID infection and illness.

But the short release did not contain reference to a single coordinated public health measure to stop or slow the mass transmission, which the government knows will claim lives. Instead, it encouraged "older Australians" to receive booster vaccines.

Under conditions where even a mass campaign for inoculation was ended long ago, that has more the character of a disclaimer of liability for the government than anything else.

The statement, one of the few from the government referencing COVID over the past year, again underscores the adoption of the same homicidal "let it rip" policies that have claimed millions of lives globally. Any semblance of a coordinated public health response aimed at protecting the population has been entirely dropped.

Butler's statement came amid signs that a new surge of the virus is already underway.

While the true extent of the impact of COVID in Australia is unknown due to the dismantling of testing infrastructure, reports by different states and territories indicate the country's largest increase since June, the peak of the last wave.

In Victoria, COVID cases rose 44 percent in November, to nearly 1,600 per week (on PCR tests alone) and a doubling in hospitalisations from 100 to 197 over that month.

New South Wales reported a 15 percent increase in COVID positive results in just the second week of December, with a 33 percent rise since mid-November. COVID wastewater analysis indicates the state now has the highest amount of the virus circulating since July. In Queensland, COVID-related hospitalisations increased from 97 to 305 over just a month since 15 November.

Aged care facilities have been a major source of transmission and death throughout the pandemic. On December 20, the day of Butler's statement, there were 222 active outbreaks in nursing homes, compared with 178 a month before and 109 in October.

COVID rates in schools, factories, and other workplaces

remain unknown, as no reliable statistics have been maintained.

These figures are underestimates of the real COVID burden. In comments to the Australian Broadcasting Corporation, Professor Paul Griffin, an infectious diseases physician in Brisbane, reported that case numbers are "essentially meaningless now... In my clinical practice I'm looking after a number of people who have been hospitalised with COVID at the moment, including some with severe disease... it's very clear COVID remains a risk but our case numbers unfortunately don't portray that accurately at all."

With the start of the Christmas and New Year period, further increases in COVID infections are expected, as millions gather socially. In December 2023, an estimated 10 million Australians travelled over the holiday season, exponentially increasing COVID transmission.

This is not unique to Australia. In the US, which is currently undergoing its tenth COVID wave, at least 1 in 64 people are infected with COVID every day, or about 750,000 new cases a day.

However, additional factors are at work beyond travel. First, new variants are constantly emerging, a product of mass infection providing conditions for COVID to mutate into an ever more effectively transmitted disease. JN.1, part of the Omicron family of variants, remains the dominant strain of COVID-19 in Australia, however another Omicron sub-variant, XEC, is on the rise in recent case numbers.

While the impact on disease and death from XEC is unclear, current vaccines have only been updated for the JN.1 variant, lagging the evolution of the virus. The roll-out of the JN.1 adapted vaccine, moreover, only began in December, months after it became the dominant strain.

Second, there has been a decline in vaccinations and protective measures as governments have dropped any substantial vaccination campaign. Subjected to outright disinformation from officials, along with barriers to regular COVID vaccination, fewer people are up to date with their COVID booster vaccines, increasing susceptibility to newer variants.

Figures have persistently indicated that up to half of aged care

residents are generally not up to date with their boosters. That is a social crime, guaranteeing deaths, the responsibility for which rests with the government.

According to the Australian Bureau of Statistics (ABS), the total number of confirmed COVID deaths this year to September was 4,056, three times greater than deaths from RSV and influenza, the next most common respiratory illnesses, combined.

While these figures are so far lower than the 6,200 deaths sustained in 2023, they do not take into account the effects of the current COVID wave. The previous wave of May-July caused a six-fold increase in monthly deaths.

Capitalist profit considerations are the driving force behind the policy to take no action to limit the spread of COVID. In the Christmas period last year, Australians spent \$30 billion, with \$10 billion on travel. Following the demands of big business, the Albanese government is making it clear it will take no actions that cut across that boondoggle for the travel, hospitality and retail industries.

Repeat COVID waves are having a cumulative impact on the population, resulting in Long COVID. Each wave of COVID results in new Long COVID victims and worsens the health of others through repeat infections.

A recent article in *Crikey*, “Long COVID is becoming a serious social and economic issue for Australia,” gives some indication of the extent of disability caused by COVID to date.

While precise estimates are difficult given the subjective experiences of Long COVID victims, and the lack of systematic recognition and standardised diagnosis by health authorities, the article quotes a study by the Australian National University which reported that 20 percent of Australians experienced Long COVID symptoms three months after they contracted COVID. This affected all age groups.

A study posted in the Medical Journal of Australia indicated that at least \$9.6 billion was lost from the Australian economy in 2022 alone due to COVID-related disability.

Rates of long-term or permanent disability have increased among all age groups since the start of the pandemic, but, of particular note, the demographic with the sharpest increase were 35–44 year olds, where rates have nearly doubled. While all causes of disability were measured, COVID has played a key role in the increase over the past five years.

Increasingly, the biological mechanisms of Long COVID are being understood. The *Crikey* article cites a study by the French National Centre for Scientific Research that found COVID viral particles inside platelets, which are responsible for forming blood clots. If affected by the virus, these platelets could impact blood flow to various organs, including the brain, causing the fatigue and “brain fog” experienced by many COVID sufferers.

Last month, the University of Queensland published a study into COVID’s effects on heart disease in the prestigious journal *Nature Microbiology*. The study analysed the blood of 50 patients from across Australia, comparing those who had either

suffered Long COVID for more than a year, had recovered from COVID-19 or had never had the virus.

It found higher levels of inflammatory molecules (markers) in those who had symptoms of Long COVID, compared with those without symptoms of Long COVID, and those who had not had COVID-19 at all. These molecules prolong inflammation that damages heart tissue.

Significantly, for those afflicted by Long COVID, the study found inflammatory markers remained elevated for 18 months or longer. In other words, those affected with COVID have a greater risk for long-term heart disease, even years after infection.

Dr Ken McCroary, a member of the RACGP’s Expert Committee, stated “the new norm for Australians, is multimorbidity, chronic health, and in turn the risk of developing Long COVID is higher in people who already have health vulnerabilities.”

This “new norm” makes it clear that COVID, far from fading away, is in fact impacting the health of millions, particularly in the working class and poorest layers who have few resources available to withstand ill health and disability.

Governments in Australia and internationally, carrying out the dictates of big business and finance capital, have no progressive solution to the waves of death and debility caused by COVID. Instead, whether Labor or the opposition Liberal-National Coalition is in power, the response has been to slash health budgets and attack any efforts to protect the population from COVID.

The only progressive, rational solution to COVID is to eliminate it, marshalling society’s resources to provide for human health over profit.

This cannot be carried out by capitalist governments, who have made their commitment to profit over life abundantly clear. Workers in all industries must organise themselves on a politically independent, socialist program to defend their lives and health against COVID.



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