

Failure To Contain the Pandemic: Omicron Compared to Delta

by Dr. Wolfgang Lillge

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Jan. 6—This report about the new Omicron variant of SARS-CoV-2, the virus that causes COVID-19, is a snapshot of a pandemic that is developing in a non-linear way.

With respect to the COVID-19 pandemic, the new year in Germany is beginning where the old one left off: The lack of a plan and of *decisive action* to fight the virus has been picked up seamlessly from the old and pursued by the new government. While it cannot yet be foreseen exactly what the impact of the rapidly spreading Omicron variant will be, that is no excuse for the failure to take effective measures to protect the people from further health and economic damage.

Indeed, the serious mistakes of the government in tackling COVID since the beginning of the pandemic continue to this day. First, then Health Minister Jens Spahn declared in early 2020 that the virus would never come to Germany; then masks and protective gear were ordered much too late; and in the Autumn of 2021, when the incidence was still low but virologists were warning of a new wave to come in the Winter, the declaration of an “epidemic of national proportions” was dropped, which made it impossible to carry out a unified national fight against the pandemic.

This policy failure contributed to the population’s massive loss of trust in the anti-COVID measures taken by the authorities, and it will be difficult to restore it. Our politicians should aim to achieve a state of zero COVID cases; but instead of that, there is talk of lowering the quarantine time for workers in critical infrastructure, a decision that, especially with Omicron, carries great risks and ultimately only serves the

“markets” or the financial sector.

What Is Different about Omicron?

In particular in the early stage of the highly contagious Omicron variant, when the situation remains unclear, all measures should be oriented toward protecting the population as fully as possible—which implies, above all, taking into account the rapid spread of the new variant worldwide. When it was first detected in South Africa in late November 2021, it was



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Dr. Wolfgang Lillge: For Omicron, “all measures should be oriented to protecting the population as fully as possible, above all taking into account the rapid spread of the new variant worldwide.”

immediately found to have already spread to almost every country. Record numbers of confirmed COVID infections are now being reported on a daily basis: for the moment there are over 2.4 million per day worldwide, and over one million in the United States alone, with Omicron being the main driver. It is also dominant in Switzerland, the Netherlands, Greece, and Italy.

In Germany, Omicron seemed to have spread later and more slowly—but even according to

official accounts, that was primarily an appearance, due to too little testing and delayed data transmission during the holidays. Now, however, the cases are tripling every week.

It is now known that Omicron is significantly more contagious, although perhaps less aggressive, than the Delta variant. Recent research provides further information.

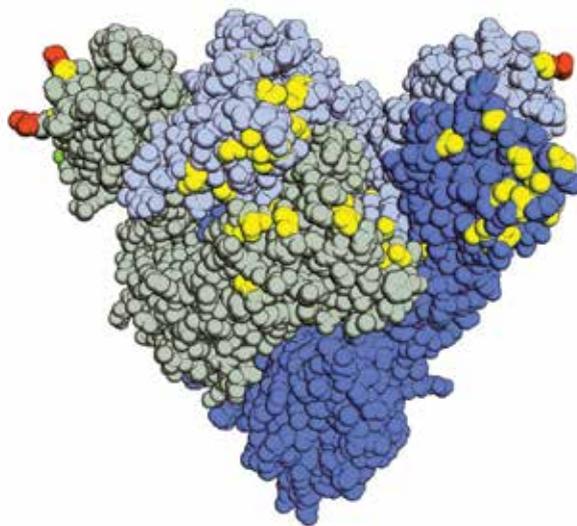
“Omicron is characterized by a much higher transmissibility and an undermining of the existing immunity,” the German government’s Coronavirus Committee of Experts concluded on December 19. Therefore, both the vaccinated and those recovered should expect to be less protected against infection and illness. Bioinformatician Moritz Gerstung calculates that Omicron spreads 3-4 times faster than the Delta variant. It took about three months for Delta to become the dominant variant, but Omicron could spread so quickly that the graphs show “not a wave, but a wall.”

In South Africa, where Omicron was first identified in November, a less severe progression of the disease has initially been reported. However, the situation in South Africa can hardly be compared with that in Germany, because it has infected mainly young people there, some of whom had already come into contact with COVID several times. The German population is on average much older, and for people without immunity, the progression of the disease could well be similar to that of Delta.

According to data from Imperial College in London, Omicron has led to a similar number of hospitalizations in England as has Delta.

What is also alarming is that the Omicron variant is hardly recognized by the neutralizing antibodies created after vaccination or recovery from an infection. That is the case for vaccinations with Johnson & Johnson, the Russian Sputnik V and the Chinese CoronaVac; vaccinations with the messenger RNA (mRNA) vaccines, such as those of Pfizer-BioNTech and Moderna are less impacted. In addition, the antibodies given in clinical treatments are for the most part ineffective. An exception seems to be the monoclonal antibody infusion therapy with Sotrovimab, which attacks the Coronavirus at a different point.

This weakness of the neutralizing antibodies is



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This schematic diagram of the COVID virus spike shows its many constituent amino acids. The spike is the feature of the virus that must bind to the host’s tissue. The overall structure is that of the original strain, with amino acid changes found in the Omicron variant shown in color: substitutions (yellow), deletions (red), and insertions (green).

likely due to the exceptionally high mutation density in the viral spike protein (S protein). Apparently, this enables the virus to efficiently evade the body’s immediate antibody defense.

Another potentially concerning finding is that, unlike previous COVID virus types, Omicron appears to be able to infect mice. This could open up a wide reservoir for the virus in the animal world, where the virus could continue to change and jump back to humans.

Nevertheless, we are not completely lacking in protection, since the body’s T-cell response to Omicron seems to remain largely intact. According to a study at the University of Cape Town, around 70% of the protective effect of T- and B-cells (the cellular immune response—more or less a second protective barrier) is retained with Omicron as compared with the Delta variant. To describe the immune response, Frankfurt virologist Sandra Ciesek, on *Deutschlandfunk* radio, recently used the image of a besieged city in the Middle Ages. The antibodies are the city wall, B- and T-cells are the foot soldiers who deactivate all intruders who make it over the city wall. While Omicron climbs over the city wall more easily than Delta does, the T-cells continue to be relatively effective against it.

Disease progression is milder with Omicron,

according to the latest findings, because it affects the lungs less than the Delta variant does. However, that is not cause for an all-clear signal, because the World Health Organization (WHO) warns that initial reports on Omicron's progression must be "viewed with caution."

There will be "a large number of hospitalizations," especially among the unvaccinated, simply as a result of the sheer number of infections expected, noted Catherine Smallwood of WHO's European Directorate on Dec. 28. The cases seen in Europe so far, she said, are mainly "young and healthy populations in countries with high rates of vaccination.... We have not yet seen the impact that Omicron will have on the most vulnerable groups such as the elderly who have not yet received a full vaccination."

Another practical problem with Omicron is that commonly used antigen tests (rapid tests) do not detect infection as well as with earlier variants. Initial data suggest that antigen tests do detect the Omicron variant, but probably have a lower sensitivity. That does not mean a rapid test is useless, but it may be less reliable and should be done much more often, and be backed up with a PCR test.

Shortages Everywhere and Triage

A critical bottleneck in the fight against the COVID pandemic in Germany remains the lamentable state of the public health system. Doctors in the hospitals may work as hard as they can and save many critically ill COVID patients with intensive care measures, but this will remain a Sisyphean task as long as one of the main pillars of disease control—contact tracing—is missing. After two years of COVID, Germany still has not managed to provide its long-looted public health agencies with the means needed to do their job. Comprehensive contact-tracing, such as China has carried out since the outbreak of COVID there, has failed here due to a lack of personnel, low-paying jobs, and digital equipment that is still stuck in the analog age.



WHO

Dr. Catherine Smallwood, a senior emergency officer at WHO Europe, says that European Omicron cases so far are mainly among the "young and healthy in countries with high vaccination rates.... We have yet to see the impact Omicron will have on the most vulnerable groups such as the elderly who have not received a full vaccination."

China, on the contrary, re-asserted its zero-tolerance COVID policy after the emergence of Omicron. Anyone who tests positive is immediately isolated and systematic contact tracing is undertaken regardless of any disruptions to the economy, the supply chains, loss of trade, etc. Unlike Germany, where we are told to "learn to live with the virus," China aims to eliminate the virus altogether.

We find a similar problem to that faced by our health agencies in many of our hospitals, which have been working at their financial limits for decades. There are now about 6,300 fewer usable intensive care beds in German hospitals than one year ago. Should it be necessary to treat a large number of COVID patients within a short time, a critical bottleneck would quickly

arise. Urgently needed operations would have to be postponed indefinitely; and even now, only one in three German hospitals is able to admit more cancer patients, who often require intensive care after an operation. Thus, a "wave of patients who were operated on too late" is building up, the consequences of which cannot even be estimated.

In this context, it was almost inevitable that the question of triage is being raised again. Following a complaint by disabled persons, the Federal Constitutional Court has called on lawmakers to establish by law that disabled persons are to be treated equally in the event of triage. According to unequivocal statements by medical associations, equal treatment has long been part of the medical recommendations for intensive care units. Therefore, the Constitutional Court should have insisted on a different focus, namely that the health care system as a whole be reorganized both financially and in terms of personnel, and developed in such a way that there will be no need to make dramatic decisions on triage.

The same is needed for the entire world. Only if a modern health care system is established in all countries can we be safe from Omicron and also from future pandemics.