Covid-19: Winter surge feared as China lurches away from zero covid

Owen Dyer

On 8 December China’s central government lifted almost all of its rigid covid-19 pandemic restrictions, bending to popular discontent two weeks after protests sprang up across the country.

At train stations, workers were removing the QR health code signs that track and restrict movement. Chinese social media has told countless stories of people being “pop upped”—suddenly informed by their phone that they have lost their green health code and are now amber or red. Simply travelling through a district at the time a case was discovered there could bring an amber code, restricting access to public spaces. A red code, signalling close contact, usually meant a compulsory stay at an official quarantine site.

The codes remain, but will become far less significant, only affecting access to schools, nursing homes, hospitals, and clinics. Travel between regions and entry to most venues will no longer be restricted by health code or require proof of a recent negative test.

The relaxing of the health code system was one of 10 new prevention and control measures put forward by China’s government on 7 December. Presented as a “further optimisation” of policy, the announcement was seen as a climbdown from a “zero covid” approach that had become politically and economically untenable.

Local authorities should reduce the number of neighbours locked down when a case is discovered, the government decreed. All lockdowns should end after five days if no new cases emerge. People will no longer be subject to mass testing by region, and the overall frequency of testing will be reduced.

Those with mild or no symptoms may henceforth quarantine at home instead of at government centres. Most suspected disease contacts were allowed to quarantine at home from last month.

The relaxation comes four days after President Xi Jingping told European Council President Charles Michel at a Beijing meeting that protesters who took to China’s streets in late November were “mostly university students” who were “frustrated with covid restrictions.”

The nationwide unrest, which flared up after a deadly fire at a locked down apartment block in Xinjiang province, died out within days as police flooded the protest sites.

The end of zero covid was signalled by China’s vice premier Sun Chunlan on 30 November. “With the decreasing toxicity of the omicron variant, the increasing vaccination rate, and the accumulating experience of outbreak control and prevention, China’s pandemic containment faces a new stage and mission,” she said.

Only two days earlier, Sun had instructed authorities in Chongqing to “launch an all out attack” to “achieve zero covid.”

Since her speech, state media has driven home the message that omicron’s lower lethality justifies a new approach. But the political imperative to find a medical explanation for the sudden abandonment of zero covid conflicts with another goal of the new plan, which is to encourage more vaccination among the elderly.

Vaccine gap

China’s overall vaccination rate is high by global standards, but with underperforming domestically produced vaccines, a lack of focus on immunising the elderly, and the time elapsed since the average person’s last shot, real immunity is almost non-existent in the population.

The new policy proposes mobile vaccination units, but no mandates or incentives to boost uptake at a time when the government is downplaying the lethality of the virus.

There is broad consensus among experts that increased vaccination of the elderly, ideally with modern mRNA vaccines, is the best and probably only way that China can avert a surge.

Chinese scientists are working on several mRNA vaccines, but while one was approved by Indonesia in September, it is still at least six months away from entering the Chinese market. Negotiations for Moderna’s vaccine fell through last month as China insisted on obtaining the rights and producing it domestically.2

Models predict as many as 1.55 million deaths in a wave triggered by the lifting of restrictions. At its peak, demand for intensive care beds could outstrip supply by up to 15.6 times, one model predicted.3 Widespread treatment with antivirals could lower this burden, but most experts agree that China has not adequately stockpiled antivirals before reopening.

The timing is also bad, as flu season begins and the world faces a resurgence of respiratory syncytial virus. Both viruses could spike alongside covid-19 as the Chinese mix more freely.

For these reasons, experts are predicting a difficult winter. But already, a sharp reduction in government testing is making the course of infection in China harder to track and predict. Official numbers suggest that new cases have dropped in the past three days, after slowly declining through the preceding week. But a week ago, asymptomatic new cases were reported at nearly eight times the rate of symptomatic ones. The current ratio is only half that, suggesting that many asymptomatic cases are now being missed.
Rush to buy PPE

Anxious citizens and enterprising retailers rushed to stockpile drugs and personal protective equipment following the vice premier’s announcement, even before the formal lifting of restrictions. Sales of face masks were 682% higher in the first week of December 2022 than the same week a year earlier, according to online retail giant JD.com.

Sales of cough, cold, and fever drugs rose 18-fold. Many of these products had been restricted until this week as authorities feared they could be used to mask covid symptoms. The search volume for Lianhua Qingwen pills, a traditional Chinese medicine which the government has said is effective at treating covid-19, was 2000 times higher than a year ago.

Even as it downplays the severity of omicron, on 8 December state owned China Newsweek quoted government experts predicting a large scale outbreak in the next one to two months. Feng Zijian, a former official of China’s Centre for Disease Control, told the China Youth Daily that up to 60% of the population could catch covid-19 in that initial wave. “Ultimately, around 80% to 90% of people will be infected,” he said.


This article is made freely available for personal use in accordance with BMJ’s website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.