

As COVID-19 Continues to Spread in China, Doctors Anticipate Major Peak in July

Hospital workers in China continue to see reports of ‘white lung’ and sudden deaths in the new wave of illness.



People wearing protective face masks walk on a street, after the lockdown placed to curb COVID-19 spread was lifted in Shanghai on June 7, 2022. Aly Song/Reuters

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Chinese doctors are predicting a major peak of COVID-19 cases in July as the latest data released by Chinese health authorities show that variant NB 1.8.1 is still the main pathogen causing the rapid increase in COVID-19 infections in the country.

Doctors and health professionals across China have continued to report to The Epoch Times that infections, including “white lung” symptoms, and deaths have been rising in the latest wave of COVID-19, portraying a far more severe situation than authorities acknowledge.

The Chinese Center for Disease Control and Prevention (China CDC) [released](#) on June 12 acute respiratory infection data for epidemiological week 23 (June 2 to June 8).

The main pathogens reported from respiratory samples of influenza-like cases in outpatient and emergency departments of China's sentinel hospitals were SARS-CoV-2, which causes COVID-19, rhinoviruses that cause the common cold, and enteroviruses that cause respiratory and gastrointestinal illnesses.

The pathogens detected in respiratory samples of hospitalized severe acute respiratory infection cases were mainly SARS-CoV-2, rhinovirus, and respiratory syncytial virus (RSV).

The Chinese regime's official data also [show](#) that in the four weeks from week 19 (May 5 to May 11) to week 22 (May 26 to June 1), the positive rate of COVID-19 in influenza-like cases increased, reaching 18.3 percent, 20.2 percent, 23.8 percent, and 22.8 percent respectively.

The China CDC also reported earlier in June that COVID-19 cases in the nation [jumped](#) by 160 percent from April to May.

Zhong Nanshan, the Chinese regime's top health adviser and epidemiologist, [told](#) China-based media on June 10 that NB 1.8.1 currently is highly contagious but said its pathogenicity is much lower than earlier variants'.

Because of the CCP's history of covering up information and publishing unreliable data, including underreporting COVID-19 infections and related deaths since early 2020, accounts from local doctors and health workers can offer valuable information for understanding the situation on the ground in the totalitarian country.

Doctor: Major Peak in July

Dr. Liu Kun (who used a pseudonym out of safety concerns), owner of a private Chinese medicine clinic in Hohhot city in Inner Mongolia in northern China, told The Epoch Times that in recent months, the numbers of both adult and pediatric COVID-19 patients have increased significantly.

He said the number of patients in his clinic seeking traditional Chinese medicine treatment for the disease has also increased.

The main symptoms are cough and sputum, "and they usually last for a long time, with some patients not recovering for several months," he said.

Most of the critically ill patients are elderly, "but sudden deaths among young and middle-aged people in their 30s to 50s [are] more common," he said.

Based on the current trend and the high transmissibility of the dominant strain, he said he anticipated that this most recent “COVID-19 outbreak will be very serious in July,” and that even “explosive growth is possible.”

Sun Xiansheng, an epidemic prevention worker in southern China (who also used a pseudonym out of safety concerns), told The Epoch Times that in recent days, “according to internal information provided by related government departments, the outbreak of COVID-19 will definitely reach a pandemic level, and based on the current pace, it may start this month.”



People cross at a traffic light in Beijing on April 8, 2025. Kevin Frayer/Getty Images

Mr. Wang, an employee of a hospital in Hefei city of Anhui Province who gave only his last name out of safety concerns, told NTD, sister media outlet of The Epoch Times, that “many school children were infected in groups,” and many of them were found to be severely ill with “white lung,” a symptom that is typically associated with a severe COVID-19 infection.

“Several people around me have developed white lungs,” Wang said. “Some have been discharged from the hospital, and some have not. There are young people, students, and people in their 60s and 70s.”

He said that the number of white lung cases, “especially the number of lung nodules, is many times higher than before.” Wang said it wasn’t seen among students before. “But now, it’s found in many students,” he said.

“Lung nodules will turn into pneumonia and lung cancer over time.”

A health blogger in China, who is also an epidemiologist and has some knowledge of the matter, told The Epoch Times in recent days that, according to an internal university research report by Cao Yunlong’s research team at

Peking University that has yet to be published, the variants NB.1.8.1 and XFG are spreading rapidly. NB.1.8.1 has achieved a balance between immune evasion and ACE2 affinity, the report stated.

The authors of the report predict that NB.1.8.1 may become the next dominant global strain, with symptoms including razor throat, fever, runny nose, vomiting, and diarrhea.



A laboratory technician works at a Tsinghua University lab in Beijing on Dec. 9, 2021. Noel Celis/AFP via Getty Images

NB.1.8.1 has already become the dominant strain in many parts of Asia, including Southeast Asia. Although its pathogenicity has not significantly increased, the long-term effects of the variant deserve attention, Dr. Jonathan Liu, a professor at Canada Public College and director of Liu's Wisdom Healing Centre, told The Epoch Times on June 14.

"Recently, the infection caused by it is similar to the common cold, which often lasts for a long time. It mainly interferes with the human immune function and causes various strange symptoms," he said.

As the wave of infections in China continues, many countries, including the United States, have been reporting an increase in NB.1.8.1 cases. The World Health Organization has [classified](#) NB.1.8.1 as a "variant under monitoring."

Luo Ya, Fang Xiao, and Xiong Bin contributed to this report.

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