

# Victorian-era diseases making a comeback in the UK

Alice Summers  
26 January 2016

Cases of malnutrition, scurvy, cholera and other Victorian-era diseases are on the rise in the UK.

According to National Health Service (NHS) statistics, 3 million people are at risk of malnutrition, with 7,366 of these admitted to hospital with the condition between August 2014 and July 2015—a 51 percent increase since the corresponding period from 2010 to 2011.

Hospital admissions for cholera have quadrupled over the last four years, and cases of scurvy have risen from 82 (2010/2011) to 113 (2014/2015).

As indicated in the report, hospitals are also witnessing a huge resurgence of other diseases widespread in the 19th and 20th century, such as scarlet fever and whooping cough.

Believed by many to be a thing of the past, these illnesses are closely related to poor living conditions, inadequate diet and vitamin deficiencies. With record levels of food insecurity and poverty, their dramatic increase is an indictment of the relentless and draconian austerity measures initiated by consecutive Labour and Conservative governments in the wake of the 2008 financial crisis.

Malnutrition disproportionately affects working-age females and older people of both sexes. Diana Jeffrey, chair of the Malnutrition Task Force and the charity Age UK, denounced the cuts to UK welfare spending as a key factor in the growing levels of malnutrition, stating, “[M]alnutrition is preventable, so it is totally unacceptable that estimates suggest there are at least one million older people malnourished or at risk of malnourishment. Cuts to social care mean many older people are being left to cope on their own”.

According to Oxfam, one in five people in the UK now live below the poverty line and regularly struggle to feed themselves and their families. Wages have

stagnated and welfare benefits have been slashed, leading to unprecedented numbers being forced to rely on food bank charities. The Trussell Trust has documented that 17 times more people received emergency food parcels from them in 2014-2015 than in 2010-2011, statistics that correspond with the soaring levels of these poverty-related diseases.

A separate report by the London Assembly, “Tackling TB in London”, outlines the growing concern over rates of tuberculosis (TB) in the capital. Although tuberculosis levels have gradually decreased across the country as a whole, in London they have remained unacceptably high, giving the city the dubious accolade “TB capital of Western Europe”.

Approximately 2,500 new cases of TB were reported in 2014 in London, making up approximately 40 percent of the UK total. With one third of London boroughs exceeding the threshold of 40 cases per 100,000 members of the population, defined by the World Health Organisation (WHO) as “high incidence”, parts of the capital have higher rates of TB than developing countries such as Rwanda, Eritrea and Guatemala.

Almost eradicated by the introduction of vaccinations in the mid-20th century, TB levels fell to an all-time low of 5,000 cases a year in the late 1980s. Since then, rates of TB in the UK have steadily increased, reaching 9,153 cases in 2009. Although rates began to slowly fall again after this, in the capital TB rates remain beyond the threshold where routine immunisations should be introduced, according to experts from the Health Protection Agency.

However, the schools vaccination programme—by which all school-age children between 10 and 14 would be offered the BCG vaccine against TB—was scrapped as cost-inefficient under the 2005 Labour government

in favour of a selective vaccination programme for population groups deemed at “high risk”. As a result, a quarter of London boroughs do not run a universal BCG vaccination programme.

TB affects some of the most vulnerable and marginalised communities in London, with prisoners, the homeless, refugees, migrants and people with substance abuse issues being the most susceptible to the disease. With around 80 percent of TB sufferers in London born outside of the UK, the escalating numbers affected by this disease have been used by far-right organisations such as the British National Party and the right-wing press to whip up xenophobic sentiment, call for tighter controls on immigration and to promote more stringent border screening programmes for those entering the UK from high-incidence areas such as the Middle East, sub-Saharan Africa and South Asia.

To use the high incidence of TB among migrant populations to assert that migration is to blame for the elevated rates of this disease not only panders to the xenophobic bent of a noxious right-wing, but also flies in the face of the facts. According to the *Guardian*, rates of TB among immigrants peak 2-5 years after they enter the UK, and a potential migrant must be free of active TB before being granted a UK visa. Therefore, it is extremely improbable that migrants bring active TB into the country, and latent TB poses no immediate threat to public health, with many people having mycobacterium tuberculosis (the bacterium causing TB) present in their body without ever developing active symptoms.

According to the report, while it is “not feasible or cost-effective to screen everybody at the border for [latent TB]”, what is to blame for the higher rates of the disease among migrant communities are factors such as poor housing, chronic ill health and poor nutrition—conditions more likely to affect certain communities across London such as recent migrants, or those who come from ethnic minority backgrounds.

The link between TB and deprivation is clear: the three London boroughs worst hit by TB—Newham, Brent and Ealing (with TB rates of 122.1, 100.3 and 72.3 per 100,000 population respectively)—are three of the four boroughs with the highest levels of poverty as stated by London’s Poverty Profile. All three boroughs have Labour-dominated councils that have not hesitated in carrying out austerity measures.

While the report concludes by imploring London Conservative Mayor Boris Johnson to develop and fund programmes to raise awareness about the causes and symptoms of TB, a more truthful conclusion can be found midway through: “[T]he most effective strategy in the fight against TB is ... to reduce levels of poverty and deprivation for all Londoners”.

To combat not only TB, but also the many other illnesses that could easily be eradicated in 21st century Britain, the solution is not simply to increase awareness but to dramatically improve the living conditions of the working class.



To contact the WSWS and the  
Socialist Equality Party visit:

**[wsws.org/contact](https://wsws.org/contact)**