

# The dominance of the UK variant of the coronavirus threatens a massive surge in cases in the United States

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Despite the recent decline in the United States cases, the new variant, B.1.1.7, also known as the UK or Kent variant, is causing widespread disquiet among public health officials. The Biden administration's primary plan was to see a rapid return to economic normalcy, which includes the reopening of in-class teaching for educational institutions so that parents and guardians can be back at work full-time.

The math behind the rising cases of the new variant is interfering with these plans, and mass vaccination is to slow to come to their rescue. According to McClatchy News, the Biden administration is considering imposing domestic travel restrictions, especially on Florida, which has the highest number of B.1.1.7 variants detected in the country.

An unnamed White House official told McClatchy, "There are active conversations about what could help mitigate spread here, but we have to follow the data and what's going to work. We did this with South Africa. We did this with Brazil because we got clear guidance. But we're having conversations about anything that would help mitigate spread."

The decision remains uncertain. The US administration is having conversations about anything that could help mitigate the spread, but that also *avoids* implementing extensive measures that include closing non-essential businesses, closing schools, and limiting the number of people who can assemble.

In other words, a lockdown remains off the table. However, it has been precisely strict implementations of mitigating social measures that have been able to eventually turn the rise in cases in countries like South Africa and, more recently, in the UK.

The United States presently has reported over 27.9 million cases of COVID-19. The death toll will exceed half a million in the next week or two, a staggering and dismal figure.

Over the last two weeks, the US saw only 1.4 million new cases, a 42 percent decline from the preceding two weeks. Deaths have declined more slowly, at 17 percent, registering

37,908 over the same period. It is known that deaths lag case detection by two to three weeks.

The primary reason for the declines seen in January come from restrictions placed by local authorities and on the role played by the population to stem the rising tide of cases that were overwhelming health systems throughout the country.

However, barely a month has passed, and a massive drive, a charge led by President Biden and the Democratic Party, is underway to open commerce even while their vaccine rollout continues to flail. All the public health infrastructure for pandemic surveillance and monitoring remains in the same state as when Biden took his oath of office three weeks ago.

Dr. Eric Feigl-Ding, a Harvard epidemiologist and health economist, explained that what we are seeing with the COVID-19 cases in the US is the end of one pandemic and a beginning of a second one with the more contagious and lethal B.1.1.7 lineage, which will be dominant in mid-March. "We will be soon slammed very hard," he tweeted.

Because the wild type of the SARS-CoV-2 remains more common, we presently see slow declines in cases. The reproductive number  $R_0$  is around 0.9 for the US. As the new variant begins to assume critical mass by becoming the dominant lineage, 40 to 80 percent more contagious, the  $R_0$  will start to rise over 1, and cases will quickly turn upwards sharply.

Referencing work conducted by Dr. Malgorzata Gasperowicz, a postdoctoral fellow at the University of Calgary, Dr. Feigl-Ding explained that the B.1.1.7 variant is doubling every seven to 10 days. Given that Alberta, Canada, had ten community cases of B.1.1.7 variants by January 25, Dr. Gasperowicz's projections show that the UK lineage will dominate by March 4 in the province. The graph shows that after cases flatten out at the end of February, under their present "lax" restrictions, cases will return to their winter highs by the beginning of April.

Providing context, the US is only lagging Alberta's

projections by maybe one to two weeks. Based on Dr. Feigl-Ding's projections, only an R0 under 0.7, or even 0.6, which implies implementing a strict mitigation strategy immediately, would mean US cases continuing their decline.

As a point of reference, the website epiforecast.io lists the state of New York's R0 at 1.0. With school reopening and relaxation presently underway, these numbers will only take a turn for the worse. And as data on schoolchildren shows they are a critical factor for community spread, it has become clear that the Democrats will be using them as kindling to build an enormous fire.

Epidemiologists have emphatically stated that the measures used to control the spread of the previous lineage of SARS-CoV-2 won't be effective with the new variant.

According to the Imperial College, when England imposed new restrictions in December, they saw "no evidence of decline." By then, the UK variant had become the dominant form of the SARS-CoV-2. In January, the worst month in terms of fatalities, the UK saw over 32,000 deaths, representing 28 percent of all British fatalities to COVID-19.

The Independent Scientific Advisory Group for Emergencies wrote on January 4, "It is now clear that the new variant of the virus, which seems to have emerged in the South East of England, is substantially more transmissible than earlier variants, by 40 to 80 percent. This increases the R0 number by between 0.4 and 0.8. It is also clear that the current Tier 4 restrictions are unable to contain the spread., even with closure of schools and universities. The pandemic is now out of control ... The urgency of concerted and effective action to suppress the new variant cannot be overstated."

On January 5, Prime Minister Boris Johnson imposed strict lockdown measures, instructing people to "stay at home," closing most schools, bars, and restaurants, with health systems under severe strain. Cases rapidly declined, which indicated that adherence to effective public health measures could contain even these new variants. But apparently it is the public officials doing the bidding of the ruling oligarchs that pose a threat more sinister than the virus.

Under pressure from big business, Johnson has now announced that he considered beginning opening schools by March 8, "the prudent date to set." The UK is also banking on the AstraZeneca vaccine to curb the blistering consequences of these variants.

Professor Devi Sridhar, chair of global public health at the University of Edinburgh, told the *Guardian*, "If you keep having cases, you will be having bubbles of 50 kids going home repeatedly, and that's not sustainable education. You are better keeping them closed longer to get your numbers down and then opening in a more sustainable way."

Dr. Deepti Gurasani, a clinical epidemiologist from the

Queen Mary University of London, has been vocal against an early reopening of schools and warned the prime minister that March 8 looked premature and unrealistic. "We are in a very, very precarious position. Parents and children have made huge sacrifices because of schools being closed to most children. It's very important we don't squander this," she told the *Guardian*. She went on to add that evidence indicates young schoolchildren are twice as likely as adults to be the first case in a household, and once they are infected, twice as likely to transmit the virus as adults. She called returning children to schools when community transmission was still high a "recipe for disaster."

Denmark too had faced their reckoning with the new UK variant. However, they elected to take a different approach. After six weeks of a rigid national lockdown initiated in late December, Denmark's CDC reported that they appear to have brought the virus finally under control.

On February 1, health authorities stated that the R0 had been brought down to 1.0, which means that people infected with this virus lineage continue to pass it to just one other person, on average. The country has partly opened primary schools as a phased response to assess how these measures impact the pandemic dynamics. The rest of the restrictions remain in place, with businesses closed and people under orders to work from home.

The Johnson & Johnson vaccine expects to receive emergency use authorization by the end of February from the US Food and Drug Administration, which would provide the United States a third vaccine.

Dr. Jason Salemi, an epidemiologist at the University of South Florida in Tampa, told *STAT News*, "We keep rolling the dice and keep letting the virus and its variants stay in the population at pretty high levels." Last week saw the Super Bowl being celebrated in Florida. Many who had traveled there for the game have returned home and possibly brought the B.1.1.7 variant with them.

CDC Director Rochelle Walensky, who assured teachers that schools were safe, and teachers didn't need to be vaccinated, said at a briefing on Monday, "I'm asking everyone to please keep your guard up. The continued proliferation of variants remains of great concern and is a threat that could reverse the recent positive trends we are seeing."



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