

UK capital London centre of new Covid-19 variants, as R value rises above 1

Ioan Petrescu
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Four London boroughs had to begin “surge testing” after new cases of Covid-19 “variants of concern” were detected. The affected boroughs are Wandsworth, Lambeth, Barnet, and Southwark, which have a combined population of over 1.3 million.

This comes as Boris Johnson’s Conservative government advanced to the next stage of ending the “last lockdown” last Monday, involving the opening of pubs, restaurants, gyms, hair salons and a host of non-essential retail shops. This coincided with the end of the Easter Break and a return to schools.

As of April 16, London’s *R* (Reproduction) rate stands at a best estimate of between 0.8 and 1.1. The figure marks a hike from the previous week, when scientists estimated that *R* was between 0.8 and 1.0 in the capital. The *R* rate represents the rate of the spread of coronavirus. When the figure is above 1, an outbreak can grow exponentially.

An *R* of 1.1 means that 10 people can infect 11 others. It is London’s highest rate since England entered its third national lockdown three months ago. During the first week of January, after restrictions had to be imposed, the capital’s *R* rate hit a peak of 1.4.

Scientists anticipated infections to rise in line with greater social mixing alongside the gradual easing of lockdown measures. A lag time between the spread of coronavirus and the configuration of infection rates means the figure is likely to rise over the next few weeks. Last week’s estimate will not have factored in the impact of pubs, restaurants and non-essential shops reopening from April 12.

A total of 56 cases of the variant first identified in South Africa (B.1.351) were found in London during the week to April 14, according to data released Thursday, taking the total confirmed cases since it was first detected in December to 600, up by 56 in a week.

The largest “surge testing” operation since the start of the pandemic was launched in the boroughs of Wandsworth and Lambeth last Tuesday, then extended to postcodes in Southwark and Barnet.

It may already be too late to stem the spread of the highly transmissible strain. Dr Zubaida Haque, a member of Independent SAGE (scientists who have criticised aspects of the government’s COVID-19 response) said she was concerned that “the horse may have already bolted”. The relaxation of lockdown rules in England last week and children’s return to school were “the perfect storm” for variants to spread.

The South African variant has the potential to start a new wave of the pandemic, especially as several of those infected had received at least one shot of either the AstraZeneca or Pfizer vaccine. This suggests the variant may have been able to resist vaccine protection, according to one test and trace official. Danny Altmann, professor of immunology at Imperial College London declared that the variant “could completely devastate us” if health officials were unable to prevent it from spreading nationwide, like B.1.1.7 (the Kent variant) did at the end of last year.

How rapidly the new variants can spread was revealed by the BBC who reported of the South African variant, “It is thought the virus was spread from that individual to members of their household and then to a care home in Lambeth.

“Twenty-three cases of the South African variant were detected in the care home—13 staff and 10 residents.

“Six of the 10 residents infected had received one dose of the AstraZeneca vaccine two or more weeks before their positive test date. One of the 13 infected staff had a single Pfizer vaccine dose two or more weeks before their positive test.”

Schools are a main vector for the spread of Covid with the BBC noting, “Other clusters related to the first outbreak [of the South African variant in south London] were detected at two primary schools in Wandsworth.”

At least two cases of the Indian variant of Covid-19 (B.1.617) have also been detected in London. Public Health England (PHE) revealed on Friday that there are a total of 77 cases of the variant in Britain, though it said they are spread widely and there are no reported clusters. This is no reassurance, only revealing that the new variant exists all over the country. India now leads the world in daily new cases with more than 200,000 cases reported on Friday.

In February, a contagious Brazilian variant, known as P.1, was detected in Britain, after three Scottish residents had flown to north-east Scotland from Brazil via Paris and London.

That London is the centre of the spread of new and even more contagious variants of Covid is no surprise. The capital is the most populated area in the UK with nearly 9 million residents. Its densely packed population and cosmopolitan character make it the perfect incubator for the spread of the virus and for the creation of new, potentially more dangerous variants. London’s airports operate by far the largest number of international flights, making it the main port of entry for the new variants. Unlike other countries, at no stage in the pandemic did Britain ban international travel altogether. It was only recently that the requirement for international travellers to quarantine in hotels was even implemented.

Scientists warned last week that mass surge testing might not stop the clusters of cases in the capital from growing and that local lockdowns may be needed. However, the government stated that given London’s role as the “economic powerhouse” of the UK it opposes implementing the necessary restrictions which would cut into the profits of the financial oligarchy. Johnson admitted last week, “The bulk of the work in reducing the disease has been done by the lockdown,” while insisting, “As we unlock the result will inevitably be that we will see more infections and sadly we will see more hospitalisations and deaths”.

The government has justified ending the lockdown by claiming that the repeated mass testing of the population, via the lateral flow device (LFD), alongside

the vaccination programme, will facilitate targeted interventions. It has bought millions of lateral flow tests as part of its £37 billion budget for the National Health Service Test and Trace programme.

The WSWS has documented extensively the lack of accuracy of such tests and how it can give a false sense of security to people, thus leading to an increase in cases. But the procedure’s shortcomings are now the focus of arguments that its main problem is to exaggerate the infection rate.

Ben Dyson, an executive director of strategy at the health department, declared in an email seen by the *Guardian*, “As of today, someone who gets a positive LFD result in (say) London has at best a 25% chance of it being a true positive, but if it is a self-reported test potentially as low as 10% (on an optimistic assumption about specificity) or as low as 2% (on a more pessimistic assumption).”

Government officials, backed by the corporate media, seized on the high rate of false positives produced by LFD to argue for stopping mass testing entirely. Dyson, one of Health Secretary Matt Hancock’s advisers, stressed the “fairly urgent need for decisions” on “the point at which we stop offering asymptomatic testing.”

The “herd immunity” policy of the Conservative government has created a humanitarian disaster for the working class across the world. The UK B.1.1.7 variant—discovered in Kent, England in September last year—was ignored and allowed to spread until it became the dominant variant in the country and spread internationally. The variant, which is 60 percent more transmissible, is present in 125 countries and is behind a massive wave of new infections in Europe, US, Canada, and India.



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