

# UK COVID infections rise massively after end of mitigation measures

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A conspiracy of silence between the Conservative government and the Labour Party is covering up an unprecedented spread of coronavirus in the UK.

Officially recorded infections have always significantly underestimated the prevalence of the virus. Now, however, the government's "living with COVID" policy, including the scrapping of universal free testing, self-isolation, and sick pay support, has rendered the daily figures next to useless.

A real picture is only available once a week when the Office for National Statistics (ONS) publishes its coronavirus infection survey. The latest report shows 4.9 million people had infections in the week to March 26—up 600,000 on the week before and a record since the survey began in April 2020. According to the ZOE COVID Symptom Study run by King's College London, whose funding is threatened, 333,000 people are catching the virus every day.

Infection rates are so high that workplace and school absences due to self-isolation are increasing, despite the Johnson government's efforts to force people to stay on the job.

The most up-to-date data from the Department for Education reveals that 202,000 pupils were off school March 17 due to the virus, triple the number two weeks prior. Another 108,000 staff were absent, 9.1 percent, up from 5.8 percent two weeks earlier.

COVID absence rates range between 2-3 percent in the food and agriculture, transport and logistics, and manufacturing and construction sectors; 2-4 percent in hospitality, retail, health, education, and social care; and 3-4 percent in the civil service, IT, finance, and arts and recreation. A construction executive told the *Financial Times* the virus is "spreading like wildfire... people are working as they need the money and reinfecting each other".

Absences in the National Health Service have risen by

86 percent in three weeks since the week ending March 6, according to the BMJ. They increased in acute care trusts by more than a fifth last week.

International travel is also affected, with scores of flights cancelled yesterday and today due to shortages of airport and airline workers. There were over 1,100 cancellations between March 28 and April 3, over five times the amount for that period in a normal year.

The surge in cases which began among children and younger adults is now passing into the older and more at-risk age groups. An estimated 6.6 percent of the over 70s were infected with the disease during the period of the most recent ONS survey (a record), up from 5 percent a week before. Among the 50-69 age group, the rate increased from 5.6 percent to 7.2 percent.

Vaccination has substantially reduced the rate of severe disease caused by COVID. But thanks to the ruling class's pandemic policy, the wave of disease against which the wall of immunity in the population must hold has massively increased.

More than eight million people have yet to take up the offer of a third booster shot, thanks to the government and media effort to downplay the threat posed by Omicron. Immunity from vaccination wanes over time, especially in older people. A UK Health Security Agency study of more than 15,000 care home residents, published last month, found a sharp one-third reduction in protection against hospitalisation and death just three to seven months after vaccination.

The rollout of a fourth jab has only just begun and is limited to the over-75s, care home residents, and the immunocompromised.

Hospital admissions of patients with COVID are now outstripping the January Omicron peak, particularly among older age groups. Scotland last week had more COVID patients in its hospitals than at any other time in the pandemic. Increases in hospitalisations mean increases

in deaths over the next several weeks.

The seven-day average of daily COVID deaths in the UK has already risen above 150. The disease was the third leading cause of death in England in February.

There is a rise among patients admitted primarily for COVID complications (roughly half of the total) as well as those admitted with COVID. Attempts to write off those patients not primarily being treated for coronavirus as irrelevant to discussion of the pandemic's impact are a malicious fraud. A recent study published in the *Lancet* showing co-infection with flu and COVID increases the risk of death by 2.4 times highlights the serious dangers posed by an underlying infection.

University College London's Clinical Operational Research Unit director Christina Pagel commented last week in the *Guardian*, "We are currently pushing existing vaccines to their limits with high infection levels, but we should instead be supporting them by reducing transmission."

The idea that the UK had "somehow 'finished' our vaccination programme, and there is no point in waiting to return to normal" was the third of the "three big myths about Omicron", she explained.

The first is that "coronavirus is now endemic", when the UK and the rest of the world are still suffering huge, unpredictable waves of disease. Pagel adds, in any case, "endemicity certainly does not necessarily mean mild. There is a significant global burden of ill health and death, for instance, from endemic diseases such as TB and Malaria."

The second myth is "that coronavirus is evolving to be milder, and each new variant will be milder than the last until it becomes a common cold", when in fact, "most game changing new waves we've seen have come from variants that have evolved completely independently from each other... There has been no progression through successive variants, and no building towards 'mildness'."

The current surge in cases in the UK and elsewhere is being driven by the BA.2 strain of Omicron, with a much higher R rate than the original Omicron variant, making it roughly as infectious as measles. Yet more variants are already in circulation, including Deltacron, a combination of the two previous variants, and XE, a "recombinant" of the BA.1 and BA.2 strains. So far, more than 600 cases of XE have been identified in the UK and it is presenting a growth rate higher even than BA.2.

With such high levels of transmission, increases in the virulence or immune evasiveness of the virus would rapidly produce a catastrophe.

Speaking about the risks of new variants, University of Leeds virologist Dr Stephen Griffin told the *Express*, "We are behaving as though this has become some kind of endemic, seasonal virus—which it clearly has not... Just relying on vaccines on their own is wrong."

In addition to 188,000 COVID deaths, government policies have produced a huge increase in debilitating long-term illness. Professor Danny Altmann, an immunologist at Imperial College London, told the *Guardian* COVID could "totally" lead to a generation affected by disability. *Observer* analysis of ONS data last month highlighted a 1.2 million rise in the number of people with a long-term health condition over the two years of the pandemic. The number had previously been increasing by 275,000 a year.

The Institute for Employment Studies' Labour Market Statistics briefing for March explains, "There remain nearly 600 thousand fewer people in work... than before the pandemic began," noting, "a worrying shift towards worklessness due to ill health".

A survey of employers representing 4.3 million employees by the Chartered Institute of Personnel and Development found 26 percent list Long COVID as a main cause of long-term sickness absence. Queen Mary University of London researchers have found testing positive for COVID is associated with a five fold increase in someone's chances of reporting long-term absence from work and a 39 percent increase in their likelihood of reporting inadequate income to meet basic needs.

Every faction of the ruling class is on board with enforcing this effective war on the working class. Not one politician speaks for the swathes of the population who have suffered more than two years of these conditions and are determined to see the pandemic ended.

According to the Hansard parliamentary record, Labour leader Sir Keir Starmer has not uttered the words "COVID", "virus" or "pandemic" in the House of Commons since Prime Minister Boris Johnson declared the beginning of his "living with COVID strategy" on February 21. Except for one tangential reference in a short contribution focussed on sick pay, the leader of the Labour "left" Jeremy Corbyn has not used these words in the chamber since October 21, 2021.



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