

# UK COVID-19 cases rising again, as monkeypox spreads and polio re-emerges

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A third wave of infection from strains of the Omicron variant of SARS-CoV-2—Britain’s fifth COVID wave—is pushing infection, hospitalisation and death rates up again.

Last week, according to Office of National Statistics (ONS) figures, 334 people were killed, nearly 6,000 people were admitted to hospital and an estimated 1.7 million people were suffering from some level of infection. This is around 1 in 35 of the population, although there are regional variations with Scotland reporting 1 in 20 infected and Northern Ireland 1 in 30. Rates of infection were on average up by 23 percent on the previous week.

Nearly two and half years after the World Health Organisation issued a public health emergency warning about a novel coronavirus, the WHO estimates 15 million people have been killed by COVID-19. Most of these deaths were avoidable and can be directly attributed to the refusal of governments worldwide to pursue the necessary policy of COVID elimination. Nearly 200,000 deaths have occurred in the UK. Despite relatively high levels of vaccination, over 53 million have received at least one dose and over 50 million have had at least three jabs, COVID-19 remains a potentially deadly and debilitating disease.

The current wave is largely due to the BA.4 and BA.5 subvariants of Omicron, now reported to make up more than half of new cases. Transmission of the new variants is likely to have been accelerated by the British monarch’s platinum jubilee. Millions of people attended mass events between June 2 and 5 and COVID prevalence increased by 43 percent in the following week.

Professor Tim Spector of the ZOE Covid symptom study app told the *Independent*, “We’re heading towards a quarter of a million cases a day. The question is whether it stops and comes back again, everyone is predicting an autumn wave but I don’t think anyone predicted this

summer wave—that’s the difference.

“None of the modelling allowed for this, it didn’t take into account the effect of BA.5 variant which is dominant now.”

Mathematics lecturer Kit Yates told the Independent SAGE scientific advisory group June 17, “It is pretty much official from the latest ONS data that the UK has entered the next wave of COVID. It is most concerning to see that there has been an increase in COVID infections in older age groups and in the 50-59 age group who have not been offered another booster yet.”

Even for the over-75s offered a fourth shot, one fifth have not received it. Professor Rowland Kao, an epidemiologist at the University of Edinburgh, commented, “Certainly, in my view, the message about ‘getting back to normal’ does have the impact of reducing the urgency of getting those fourth doses out.”

While hospitalisation rates are still lower than in April, at the peak of the BA.2 surge when over 16,000 people were admitted, the *British Medical Journal* (BMJ) reported that the rate of increase is greater than during the previous surge.

Dr. Deepti Gurdasani, senior lecturer and clinical epidemiologist at the William Harvey Research Institute, Queen Mary University of London, told the journal June 20, “Given where we are in terms of NHS pressure and long covid impact, any increase at this point from a high baseline will put further pressure on an NHS that’s already struggling to provide safe and urgent patient care, and will likely continue to lead to even higher levels of long covid.”

Both subvariants are thought to spread more easily than their predecessors, Omicron BA.1 and BA.2. Writing in the same edition of the BMJ, Christina Pagel, director of the Clinical Operational Research Unit, warned that so far in 2022 there had already been two waves of Omicron infection peaking in January at 7 percent of the population

infected and in late March at 8 percent.

Pagel predicted a new peak late June and into early July, although because such huge numbers had been infected in the previous Omicron waves, some residual immunity might offer additional protection. Nevertheless, Pagel wrote, “While omicron might be somewhat less severe than delta, and people have higher immunity through vaccination and previous infection, it is not mild. At a population level, its sheer transmissibility more than compensates for any reduction in experienced disease severity or symptoms for the individual.”

Pagel warned of more workplace disruption because of high sickness rates, additional pressures on the NHS, longer waiting times for ambulances and in Accident & Emergency and record numbers of people awaiting routine treatment.

More people will also get Long COVID. Pagel noted the ONS had recorded as many as 600,000 people reporting persistent symptoms from infection with the Omicron variant alone. Overall, there are 2 million people with Long COVID, over 800,000 for more than a year and 376,000 for over two years. Five percent of workers in healthcare report ongoing symptoms, while 10,000 NHS workers have been laid low for more than three months with long COVID.

In the face of this ongoing public health danger, from the disease itself and the consequential collapse in health provision, the response of the British ruling class has been to press on with ending whatever minimal mitigation measures have remained in place.

Professor Jill Pell, director of Glasgow University’s Institute of Health & Wellbeing, warned the Scottish parliament’s COVID-19 Recovery Committee that three of four “prongs” to curb infection have been removed.

“We have taken away the non-pharmaceutical interventions, such as the requirement for social distancing and mandatory facial coverings. We have also removed access to mass testing—that needs to be acknowledged—and we have removed the idea of having a supported shielding list. Therefore, we are left solely with vaccination.”

The Scottish National Party government responded with criminal complacency, with First Minister Nicola Sturgeon telling people to “be sensible and take precautions”, suggesting they wear a face covering in crowded indoor places while stressing it was no longer “a requirement”.

All COVID restrictions were removed in Wales in May. Labour First Minister Mark Drakeford claimed at the

time, “we can move beyond the emergency response while still living safely with this virus.”

Professor Sir Jonathan Van-Tam, until recently deputy chief medical officer, summarised the Westminster government’s response. He told the BBC, “We just accept in the winter that, if you’ve got seasonal flu and you’re poorly for a few days, it disrupts your life. And so I think we’ve got to start to frame COVID in a little bit more of those terms,” adding, “people have got to learn to frame those risks for themselves.”

Even as the COVID pandemic enters a new surge, Britain is seeing a rise in monkeypox cases and the re-emergence of polio. There are 910 recorded cases of monkeypox—the bulk in London—with those affected reporting delays in the testing, tracing and vaccination response. Paul Hunter, professor of medicine at the University of East Anglia, commented, “At the moment there is no clear evidence that the current epidemic is coming under control.”

Last Wednesday, the UK Health and Security Agency announced evidence of polio transmission in London, declaring a national incident. Britain was declared polio-free in 2003. But the UKHSA is not planning on testing sewage nationally to establish its prevalence. Professor David Salisbury, from the WHO Global Commission for Certification of Polio Eradication, warned, “Without extensive national environmental poliovirus surveillance, it is not possible to know if this problem is more widespread.”

Bird flu, Lassa fever and Crimean-Congo haemorrhagic fever have all been detected in the UK this year. Professor Mark Woolhouse, University of Edinburgh professor of infectious disease epidemiology, told the *Daily Telegraph* Sunday, “The early 21st century has been a perfect storm for emerging infectious diseases, and everything is pointing towards the likelihood of more and more outbreaks. All the drivers of outbreaks are getting worse, not better, over time.”



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