COVID predicted to surge to new heights in the UK this autumn

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Amid the wreckage of the UK's third wave of COVID-19 this year, scientists speaking with the *i* newspaper have forecast new, even larger waves this autumn and early 2023.

University College London virus modeller Professor Karl Friston predicts the current fall in infections and hospitalisations will reverse in early October after schools have reopened and the weather has cooled. Cases of COVID-19 will then surge to an unprecedented high, peaking in late November with 8 percent of the UK population infected—the highest rate to date is 5.5 percent.

Friston forecasts another wave in March 2023, with the UK infection rate reaching 6.5 percent. His predictions are based on data from the Office for National Statistics and the ZOE COVID Study.

Other scientists have made similar warnings. Professor Lawrence Young, a virologist at Warwick University, explained, "The autumn/winter period will be challenging with the mix of respiratory infections—new COVID variants, flu and other viruses." Swansea University's Simon Williams agreed, "It is very possible that we will experience a significant wave in the autumn which is likely going to be more challenging than that we just experienced."

Daily symptomatic infections fell 31 percent between July 10 and July 23, according to the ZOE study. ONS figures published Friday confirm the decline, showing one in 20 people infected in the week ending July 20, down from one in 17 the week before. The number of COVID patients in hospital has also fallen, down 11 percent in the week to July 24; the ICU admission rate has dropped from 0.7 to 0.5 per 100,000 people.

The end of the school term is a significant factor, noted Young, "children being an important factor in the spread of the virus."

But the main reason for the fall is that so many people have been recently infected that the UK population has reached "saturation point" in the words of Williams. Young refers to "the protective immunity induced by so many people having been infected."

Friston notes that the "fluctuating course" of the pandemic in the UK is the product of changing "balance between the prevalence of infection and the pool of people susceptible to infection. This reservoir of susceptible people slowly increases with waning immunity and viral mutation—and is then reduced, with each successive wave of infections."

This enormous wave of infection has occurred during a summer wave which was never supposed to take place. Professor Tim Spector who leads the ZOE study, commented last month, "Everyone is predicting an autumn wave but I don't think anyone predicted this summer wave… None of the modelling allowed for this, it didn't take into account the effect of BA.5 variant which is dominant now."

The brutal logic of the ruling class's "herd immunity" policy was that allowing unmitigated waves of infection, illness and death to sweep through the population would cause the pandemic to essentially burn itself out. This has proved a catastrophe. Waning immunity and new variants have produced surge after surge of an increasingly infectious virus. Young warns, "COVID is unpredictable, and we don't know where and when the next variant will arrive".

In the case of the Delta variant, SARS-CoV-2 became significantly more deadly. This may also be the case with the rapidly spreading BA.5 variant. Dr. Stephen Griffin, from the University of Leeds, told the *i*, "it is troubling that data from Portugal suggests that BA5 is not only more likely to reinfect people than BA2, but is also about 3 times more likely to cause hospitalisation."

He added, "The complete lack of preventative action is unsustainable. There will be further waves this year, there will be more NHS pressure. Sickness, and long COVID

are all being ignored by Government policy."

As the pandemic continues, its devastating long-term consequences are becoming clearer. The ratio of deaths to infections remains significantly reduced in the UK compared to earlier years thanks to vaccination, but still serious. Since COVID deaths began to climb in the latest wave on June 12, more than 4,700 people have been killed according to Our World in Data, over 100 a day.

Crippling illness is taking its toll on much larger numbers of people, with far-reaching social and economic implications. The ONS reports more than 300,000 workers, more than one in every hundred, were forced to take time off work in June due to a COVID infection. The highest rates of COVID absence were among education, healthcare, retail, manufacturing and "other services" workers.

As well as the immediate symptoms of an infection, Long COVID is preventing large numbers from being able to work for months at a time. Of the 2 million people currently affected, the Institute for Fiscal Studies (IFS) estimates some 110,000 are signed off work sick.

The IFS report also found that the burden of Long COVID falls hardest on the most deprived sections of the working class, noting that "those with long COVID in 2021 were more likely to be on benefits, and more likely to live in social housing, than those without".

Tom Wernham who co-authored the report commented, "The rising rate of long COVID could therefore put additional strain on families during the cost-of-living crisis."

COVID infections and illness are having a particularly severe impact on the already understaffed National Health Service (NHS), now forced to deal with continuous periodic waves of coronavirus patients on top of a huge backlog of appointments and procedures.

Prof Martin Marshall, chair of the Royal College of GPs, told the *Guardian*, "The rise in cases of COVID-19 highlights the pandemic isn't over, and it is still putting direct pressure on general practice and other healthcare services across the NHS.

Director of policy at the NHS Confederation Dr. Layla McCay added that there was "a clear link between high COVID rates in the population and more staff falling sick", meaning "ongoing disruption to services and delays in the health service's ability to make significant inroads into the waiting list backlog".

Figures released by NHS Digital on Thursday showed that the number of sick days taken by nurses due to COVID jumped a massive 43 percent between February and March this year, up to 192,122.

The health service is creaking at the seams and in some places breaking apart entirely. In the last two weeks, the NHS in Derbyshire and Nottinghamshire have declared "critical incidents" in the face of "unprecedented pressures".

In a letter to staff, NHS leaders in Nottingham explained, "Across the system we care continuing to see significant levels of COVID-19 in hospitals, high numbers of patients needing care for other conditions, alongside extended waiting times for patients for hospital beds.

"This paired with difficulties in discharging patients due to a lack of capacity across the care sector as well as staff absence due to COVID-19, is causing significant strain on the system."

The NHS's collapse has left the UK's workforce the "sickest in the developed world," wrote John Burn-Murdoch for the *Financial Times* earlier this month. "The UK is the only developed country in the world where the share of working-age people outside the labour force has kept rising after the initial pandemic shock." Two-thirds of the half a million people missing from the workforce cite long term sickness as the reason.

Burn-Murdoch concludes, "we may be witnessing the collapse of the NHS, as hundreds of thousands of patients, unable to access timely care, see their condition worsen to the point of being unable to work."

The UK has been recording 500-1,000 excess deaths a week for the last 11 weeks. Looking at ONS and Public Health England data, epidemiologist Dr. Deepti Gurdasani explained, "COVID accounts for about half of these" but "the main causes are ischemic heart disease, heart failure, respiratory illness, circulatory disease, diabetes and liver disease." She adds, "we're seeing excess deaths now across all age groups including children and young people—which isn't normal."

Gurdasani suggests as possible reasons, the "impact of [the] NHS crisis", "direct impact of COVID-19" underestimated due to a lack of testing, and the consequences of "post-acute COVID complications (heart, vascular, resp[iratory], liver disease & strokes)".