

# Huge rise in UK COVID infections amid threat of flu “twindemic” and new immune-evading variants

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As winter approaches, and with new immune-evasive variants emerging around the world, Britain is already facing a surge in COVID infections and hospitalisations.

Official figures from the Office for National Statistics (ONS) showed a 25 percent rise in infection rate over one week, with 1.7 million people testing positive in the week ending October 3, a huge rise from the 1.3 million the previous week.

Scientists are warning of a potentially “devastating” new wave of the pandemic over the autumn, combining with a massive rise in flu cases in a “twindemic” that will wreak havoc in an already overloaded National Health Service (NHS).

The situation exposes again the criminal indifference of the ruling class to the threat posed by the pandemic to public health and lives. Government policies and downscaling of testing have created a lethal situation, described by virologist Professor Lawrence Young of Warwick University as “a perfect storm... of inadequate surveillance, people not coming forward for vaccination and the economic situation.”

COVID infections have significantly increased to one in 35 people in England (2.8 percent of the population), one in 40 in Wales and Northern Ireland, and one in 50 in Scotland. Data from the ZOE Symptom Tracker app show a 34 percent rise in the last two weeks alone. The data currently show an estimated 235,829 new daily symptomatic cases, up from 176,090 two weeks ago.

Hospitalisations are also on the rise. On October 12, NHS England reported a total of 10,608 hospital beds occupied by confirmed COVID-19 patients. This was 10 percent up on the previous week’s 9,631, and roughly double the total a month ago. It is the highest

figure since July 29. Hospitals around the country are reporting their highest level of COVID patients in months.

Increasing infections are resulting in a surge of deaths. In the week to October 8, there were 793 deaths recorded, a nearly 39 percent increase on the previous seven days. Even with revisions of the criteria for recording deaths aimed at restricting the numbers, the official figures record a total of more than 190,000 (191,681) dead with COVID. The more accurate fatality figure (recording the number of people who died with COVID mentioned on the death certificate) is 207,948.

Dr Mary Ramsay, Director of Public Health Programmes at the UK Health Security Agency, downplayed the impact, saying that “deaths with Covid-19 have also started to rise. Whilst this is concerning, it is too early to say whether these are deaths due to Covid-19...”

The longer-term effects of the virus are becoming ever more apparent. ONS figures from early September report 2.3 million people in the UK living with Long COVID, up 300,000 on the previous reporting period. This is around 3.5 percent of the population, one in every 28 people. Of these, nearly half (1.1 million) say they were first infected more than a year ago, while 514,000 say they were first infected at least two years ago.

The COVID surge is exacerbating the crisis in the systematically underfunded NHS. This can be seen acutely in a small hospital, St Mary’s on the Isle of Wight, which has just declared its fourth critical incident in as many months. A major contributory factor has been the sharp rise in COVID

hospitalisations, up from 12 at the end of September to 41.

Professor Tim Spector, co-founder of the ZOE app, said that the UK is already at the start of its next wave of coronavirus, which is affecting older people earlier than the last wave. He told the *Independent* that one problem was out-of-date official information. “Many people are still using the government guidelines about symptoms which are wrong. At the moment, COVID starts in two-thirds of people with a sore throat. Fever and loss of smell are really rare now—so many old people may not think they’ve got COVID. They’d say it’s a cold and not be tested.”

These are the results of the government’s policy of malign neglect in pursuit of profit. Their determination to downplay or disregard the health implications of the pandemic in order to keep the economy open has led to continued resurgences of the virus.

The ditching of all testing and surveillance has not only led to under-reporting of infection, it has prevented the elimination of the virus which was both medically possible and socially necessary. Instead, the policy of “living with the virus” has resulted in the government welcoming the supposed “mild” character of new variants, with more cold or flu-like symptoms.

The virus has been allowed to develop and mutate, resulting in more variations that will resist or evade vaccines and immunity. Scientists are now reporting convergent mutations, where variants are different but share the same mutations, making them more effective at evading immune responses.

Yunlong Cao, whose co-authored research paper on this is in pre-print, told *New Atlas*, “Seeing this convergent evolution pattern would mean that SARS-CoV-2 would evolve immune-evasive mutations much more frequently than before, and the resulting new variants would be much more immune-evasive.”

This means patients are less able to fight off the infection. Virologist Marc Johnson said the result is that “the virus, because there’s no bottlenecks from spreading from person to person, it just hits the evolutionary fast forward button.”

This is the direct result of the “let it rip” policies adopted by the ruling class internationally. While the British government continues to boast of its vaccination programme, the effect of such policies is to threaten the vaccination immunity achieved so far.

The variant Omicron BA.2.75.2, which was gaining ground in the UK, was described by scientist Eric Topol as “the most immune evasive variant to date,” although at present it does not yet account for a majority of cases. It emerged from the BA.2.75 variant, which is responsible for 88 percent of infections in India.

However, Topol warned, even this has been surpassed by the XBB variant, first detected in Cyprus. Some have called this a “super strain,” emerging from a combination of two forms of Omicron. Although not relatively widespread yet, there is concern that if XBB is as transmissible as other forms of Omicron, it will sweep through health systems like wildfire.

Lawrence Young noted the convergent mutations of BA.2.75.2 and BQ1.1: “although they’re slightly different in how they’ve come about they’ve come up with the same changes to get around the body’s immune system.

“What we’re finding is the virus is evolving around the immunity that’s been built up through vaccines and countless infections people have had.”

Discontinuing comprehensive testing and surveillance—including ending free testing, closing research labs and ending funding to the ZOE Health Study in March—has meant an under-reporting of infection rates and a corresponding inability to respond to new variants.

Young pointed to the downscaling of testing following the government’s “Living with Covid” plan. “We’ve really taken our eye off the ball with Covid tests. We can only detect variants or know what’s coming by doing sequencing from PCR testing, and it’s not going on anywhere near the extent it was a year ago. People are going to get various infections over the winter but won’t know what they are because free tests aren’t available—it’s going to be a problem.”

He pointed too to the economic situation, where “if people do feel poorly they’re not likely to take time off work.” This will only encourage further the spread and mutation of the virus.



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