

Many UK excess deaths likely caused by COVID reinfections

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22 November 2022

The two weeks to November 11—the latest data available—saw 1,100 more lives lost to COVID in Britain, as warning are made by scientists of an impending winter “triple-demic” of COVID, flu and (RSV) respiratory syncytial virus.

The Conservative government declared the pandemic over long ago, as all mitigation measures were torn up. Since so-called “Freedom Day” on July 19, 2021, over 56,000 people have died due to COVID according to Johns Hopkins University figures available on Our World in Data. This brings the number of dead in Britain from COVID to 211,346. The government has manipulated the number of COVID cases and deaths, but even its own tally now approaches 200,000 (196,241).

Deaths from COVID have been normalised to such an extent that cases and fatalities are barely reported. The *Independent* wrote that almost a million cases, “an estimated 940,700 people in private households were likely to have had coronavirus in the week to November 8.” But all is fine because this was “down from 1.3 million the previous week.”

The *Daily Mirror* reported Tuesday that RSV “poses a far bigger threat to young children, the elderly and the vulnerable – with nearly 7.4 percent of the general population currently infected.” Professor Francois Balloux, director at the UCL Genetics Institute, said, “RSV is a leading cause of child hospitalisation and the virus kills more than 100,000 children each year globally. That’s more than 50 times as many children than those who died from Covid throughout the pandemic. It’s a far bigger threat to young children than Covid or seasonal flu.”

COVID cases are being allowed to pile up even as real-world data confirms fears that every COVID reinfection causes cumulative damage and significantly

increases the risk of hospitalisation, long-term complications and death.

Following three years of successive COVID waves, there has been a huge surge in excess deaths. But every effort is being made to minimise the role of the pandemic in this phenomenon.

The *Telegraph* noted earlier this month, “Office for National Statistics (ONS) showed that in the week ending Oct 21, there were 1,714 excess deaths in England and Wales, of which *only 469* [our emphasis] were due to Covid - just 27 per cent of the total.” It added, “Throughout October, there have been an average of 1,564 extra deaths per week, compared with a weekly average of just 315 in 2020 and 1,322 in 2021.” The number of excess deaths “is 16.8 percent higher than normal,” the newspaper reported.

The *Telegraph* goes on to state that “some of the unexplained deaths are being caused by collateral damage from the pandemic, when operations and treatments were cancelled or delayed as the health service concentrated on Covid.” It adds, “The NHS is also struggling from long-term staffing issues and current shortages because of coronavirus, leading to record waits for ambulances, treatment and surgery.”

There is no doubt that the perilous state of the terribly under-resourced National Health Service (NHS), whose spending has been slashed in real-terms instead of it receiving the hundreds of billions of pounds in extra funding it requires, is a factor in the number of excess deaths. But however this is cynically presented by the *Telegraph*, a staunch Tory advocate of cuts and other austerity measures, it was COVID infections and their impact that took the situation in the NHS to breaking point.

In addition, evidence is emerging pointing to the terrible impact of COVID on the health of those

infected and re-infected. According to a British Heart Foundation study, there have been over 30,000 excess deaths linked to heart disease since the start of the pandemic, equating to an average of more than 230 extra deaths a week over and above what would be expected for heart disease. The right-wing *Spectator* also points to the huge numbers of people waiting for cardiac treatment amid record NHS waiting lists and the fact that the ambulance service—heavily hit by NHS spending cuts—is unable to provide a time response to many reporting heart attacks and strokes.

Nowhere in the mass media is the impact of COVID on excess deaths, and particularly cardiac related deaths, being given the necessary attention. The surge in excess deaths in many countries is real world data confirming what is being revealed by several studies.

This month the WSWs drew attention to a groundbreaking study published in scientific journal *Nature Medicine* by COVID-19 researcher Dr. Ziyad Al-Aly and a team at Washington University in the US. The study, “Acute and postacute sequelae associated with SARS-CoV-2 reinfection,” was based on comparing more than 150,000 veterans, aged around 60, who had recovered from acute COVID-19 with their uninfected peers, as well as with a pre-pandemic control group.

The study makes dire warnings of the consequences of people being infected and reinfected multiple times with COVID. The authors write, “Compared to no reinfection, reinfection contributed additional risks of death... hospitalization... and sequelae including pulmonary, cardiovascular, hematological, diabetes, gastrointestinal, kidney, mental health, musculoskeletal and neurological disorders.”

Commenting on the survey *Nature* wrote, “People who had been admitted to intensive care with acute infections had a drastically higher risk of cardiovascular problems during the next year... For some conditions, such as swelling of the heart and blood clots in the lungs, the risk shot up at least 20-fold compared with that in uninfected peers. But even people who had not been hospitalized had increased risks of many conditions, ranging from an 8% increase in the rate of heart attacks to a 247% increase in the rate of heart inflammation”.

Due to the abandoning of the Tories of all testing for COVID, with the backing of the Labour opposition in order to “live well with COVID”, it is not possible to

know how many people in the UK have been infected and reinfected. However, a study issued in August by Long Covid Support and Long Covid Kids—based on responses from 484 adults and 112 children and young people—found that 80 percent of those who classed themselves as still suffering Long COVID symptoms said that another COVID infection exacerbated their symptoms. Of those who were in recovery or remission from Long COVID, reinfection recurred in about 60 percent of individuals. Of these, 40 percent said that the second bout of Long COVID was just as severe as the first time, 32 percent said it was less severe and 28 percent said it was more severe.

While estimates that 350,000 cats caught COVID during the pandemic merited an article in the *Telegraph* this week, any talk over the vast risk to the human population, particularly the most vulnerable, was ditched long ago. This has impacted on the uptake of COVID vaccinations. This autumn has seen a relatively low take up of the COVID booster, with only around 41 percent of those eligible in England receiving a jab.

Everything is in place for a devastating resurgence of COVID—including in the form of possibly more dangerous and vaccine immune mutations—amid the inevitable spread of seasonal flu and other respiratory illnesses and under conditions in which the NHS cannot provide necessary treatment for millions of people. Around 50,000 nursing vacancies have not been filled. Thousands of staff, from midwives to ambulance workers, are leaving.

The only basis to stop a developing catastrophe is the mobilisation of the working class, with health employees playing a critical role, in the fight for global elimination. This is the perspective fought for by the Socialist Equality Party in Britain alongside its sister parties internationally.

We urge WSWs reader to study the resolution of the SEP 2022 Congress, “The COVID-19 pandemic and the fight for socialism”.



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