

The UK's Strep A child deaths and the causes of the “triple-demic”

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Nineteen children in the UK have been killed by Strep A in recent weeks, approaching the 27 child deaths recorded in the whole 2017-2018 season, the last major outbreak. The majority of cases normally come between early February and April.

There have been 7,750 cases of scarlet fever—caused by Strep A infection—so far this season, more than treble the number at the same point in 2017-2018, with doctors worried that numbers still have not peaked.

In rare cases, the bacteria can get into the bloodstream and cause invasive group A strep (iGAS). According to the UK Health Security Agency (UKHSA) data published December 2, there have been 2.3 cases of invasive disease per 100,000 children aged one to four, compared with an average of 0.5 in the pre-pandemic seasons (2017 to 2019), and 1.1 cases per 100,000 children aged five to nine, compared to 0.3 pre-pandemic.

The deaths of these children, caused by a very treatable disease, have been the focus of much national attention. But it is important to separate the genuine popular sympathy and concern from the ulterior motives of the corporate media, which has used these tragedies to bury the broader public health disaster this winter under an exclusive focus on Strep A.

Earlier in the year, the phrase “triple-demic”—referring to respiratory syncytial virus (RSV), influenza and COVID-19—was commonplace. Its use in the papers and broadcast networks has declined as the predicted surge has begun to take hold.

Positivity rates for RSV were 7.7 percent between December 5-11, and 20 percent for children under five. For these younger children, the hospitalisation rate is 18.5 per 100,000.

Diseases with their heaviest impact on older people are also on the rise. In the last week, the number of patients in hospital with the flu increased from 966 to 1,377. At the current rate, admissions next week could pass the peak of the 2017-18 flu outbreak which caused close to 30,000 deaths.

COVID is also surging, with the number of patients in hospital being treated primarily for the disease increasing 17 percent December 6-13, to 5,982. An estimated one in 50 were infected in the week to December 3, up from one in 60 the week before. More than 37,000 people have already been killed by the virus this year, with its deadliest phase usually beginning

in late December.

The causes of surging infections

The precise balance of causes of these unprecedented increases in non-COVID diseases is being debated in the scientific community. Two things are certain. The government is responsible, as with COVID, for allowing the crisis to develop. And the anti-public health right-wing is using people's suffering to sow confusion and agitate against measures to prevent the spread of disease.

These reactionaries, given a platform in papers like the *Daily Telegraph*, have promoted the idea of an “immunity debt” caused by lockdowns—a slackening in each person's immune system due to a lack of exposure to illness, which must be repaid through infection. This is just a new rendering of the pseudo-scientific “herd immunity” policy, used to justify the claim that it would have been better had no public health measures been implemented in the last two years.

In fact, as Chair of the British Society for Immunology's Covid Taskforce Professor Deborah Dunn-Walters told the *Financial Times*, “Immunity debt as an individual concept is not recognised in immunology. The immune system is not viewed as a muscle that has to be used all the time to be kept in shape and, if anything, the opposite is the case.”

Imperial College London Professor Peter Openshaw told the same paper bluntly, “This would not be a good message for public health: we would still have open sewers and be drinking from water contaminated with cholera if this idea were followed to its logical conclusion.”

Prof Dunn-Walters explained the important difference between individual and population immunity. What is possible is that a smaller group of people than normal were exposed to infectious diseases over the past two years, thanks to physical distancing and masking, leaving a larger than average pool of susceptible people to be infected now that restrictions have been lifted and leading to higher than usual rates of infection.

A paper in the medical journal the *Lancet* published in July

referred to this as an “immunity gap—a group of susceptible individuals who avoided infection and therefore lack pathogen-specific immunity to protect against future infection.”

Imperial College London Professor of infectious diseases Shiranee Sriskandan commented this month, “We know that scarlet fever rates plummeted during 2020-2021... and so we now have a much larger cohort of non-immune children where Strep A can circulate and cause infection.”

These impacts could also be being worsened by the interaction of multiple resurgent pathogens.

Daniela Ferreira, professor of mucosal infection and vaccinology at the University of Oxford and the Liverpool School of Tropical Medicine, told the *Guardian*, “The rising numbers of strep A cases is unusual for this time of the year because they typically occur in late spring or early summer.”

She explained that there has been a “shift in seasonality of certain diseases following the pandemic” and that “Getting infected with bugs such as strep A, RSV, influenza and Covid-19 can weaken the immune system to the point that pneumonia can develop, either caused by these or other bugs.”

The World Health Organisation warned similarly this month, “It is likely that the increase in cases of iGAS disease in children is also associated with the recent increased circulation of respiratory viruses, including seasonal influenza and respiratory syncytial virus, as coinfection of viruses with GAS [Strep A] may increase the risk of iGAS disease.”

Others have suggested damage done to the immune system by prior COVID infection has left the population more vulnerable.

Summarising recent research, Prof Dunn-Walters told the *Guardian*, “Covid-19 appears to be skewing the immune system in not a very good way, meaning people may not be able to react to other infections as well.”

Danny Altmann, professor of immunology at Imperial College London, told the *Times*, “We know plenty of other viruses that have all kinds of devious tricks for subverting the immune response... We underestimated the Sars-Cov-2 virus from the word go.”

If this hypothesis is confirmed then if there is some permanent damage to individual immune systems it is not public health measures that were the cause, but the disease which governments allowed to spread like wildfire.

An additional complicating factor is the influence of natural variations in strains of Strep A (and other pathogens). Altmann told the *Times*, “Until we do the studies we just don’t know whether immunity levels have waned and whether that accounts for this apparent peak.”

He pointed out that viruses and bacteria were subject to “unpredictable cyclical peaks and troughs” and to the “enormous variation” in the genome of Strep A, suggesting the possibility that this year’s strain had simply happened to mutate to become more aggressive.

The government’s abandonment of public health

Whatever the scientific explanation, *all* these possible causes were known and mitigatable risks, made worse by the actions of the government.

To the degree that prior COVID infections have weakened immune systems, then the additional surge of Strep, RSV and flu is the direct result of the “forever COVID” policy.

To the degree that restrictions on physical mixing have had an after-effect, this could have been prepared for in advance. Firstly, as COVID campaigner Dr. Deepti Gurdasani has argued on Twitter, it is not necessary to return to the level of disease that prevailed prior to the pandemic. “What we have learned is that we can massively reduce the burden in children,” using even very unobtrusive measures like air filtration and ventilation.

Secondly, any resurgence could have been managed through the rollout of an extensive surveillance and early treatment system for Strep A, RSV and the flu.

Writing in the *Guardian*, chair of global public health at the University of Edinburgh Devi Sridhar notes regarding Strep A, “Early use of antibiotics such as penicillin works against the vast majority of infections within 24 hours, and early treatment is vital to better outcomes... rapid strep A tests into primary care would help an overburdened system by allowing nurses and support staff to test children who are unwell, and move quickly to the most appropriate clinical management.”

Instead, the health system is in a state of acute crisis, tests are not widely available, and the supply of medication is patchy.

Pharmacies are reporting shortages of antibiotics, with Chief Medical Adviser at the UKHSA Professor Susan Hopkins telling the Royal Society of Medicine this week, “I’ve been told in the last few days that we’re using five times more penicillin than we were using three weeks ago,” and admitting, “there may be some behind-the-back-of-doors profiteering.” Pharmacists are being told by the government they can supply alternative antibiotics to the ones prescribed.

Strep A test at home kits began to run out last week and were selling online for £100.

Children’s departments and GPs report being put under heavy pressure by confirmed or suspected cases.

The crisis is not merely the result of mismanagement, but the continuation of a conscious policy by the ruling class to abandon advances in public health now considered an unaffordable drain on profit and public spending.



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