

# Arcturus COVID mutation claims five lives in Britain

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The new Arcturus variant of COVID-19 had claimed five lives in the UK as of April 17, with 120 infections recorded. Arcturus is now present in over 30 countries.

Cases of the new variant have been reported in all areas of Britain apart from the North East. The largest numbers are in London, with 31, and the North West, with 22. The median age of those affected is 74.

Since the outbreak of the COVID-19 pandemic in Britain there have been nearly 25 million cases officially reported and over 224,000 deaths. There has long been no daily reporting of COVID infections and fatalities. The latest figures for weekly deaths are only available to April 14, showing 547 with COVID-19 on the death certificate.

According to the UK Health Security Agency (UKHSA), Arcturus is responsible for around 2.3 percent of new UK COVID cases. The Centre for Disease Control reports that the new variant accounts for 9.6 percent of COVID cases in the United States.

In late April, the World Health Organisation (WHO) upgraded Arcturus to a variant of interest. It is one of 600 subvariants of the Omicron virus and was first detected in India on January 23, where it has since led to a surge in cases. The WHO said the proportion of cases of COVID caused by Arcturus rose from 15 percent to 58 percent between February and March this year.

Arcturus is closely related to another COVID subvariant, XBB1.5, known as Kraken, which is currently dominant in Britain.

Research indicates that Arcturus could be 1.2 times more infectious than the last major sub-variant and the most transmissible variant yet. University of Tokyo scientists have suggested its increased infectivity compared to the Kraken variant means it will spread globally in the near future and that it appears resistant

to antibodies produced by previous COVID-19 infections.

The WSWs noted on April 3, that the “K478R mutation on the SARS-CoV-2 spike protein makes the new variant more capable of dodging antibodies from prior immunity, whether due to vaccination or infection. The mutation also enhances its infectiousness and virulence. Since XBB.1.6 has emerged, it has quickly outpaced XBB.1.5, spreading almost twice as fast.”

The abandonment long ago in Britain of all mitigation measures and monitoring has enhanced the danger any new variant presents. Professor Stephen Griffin, chair of the Independent SAGE body, which criticised the Conservative government’s response to COVID, has called for regular testing the use of face masks.

He told the *Daily Mail*, “the reality is the virus continues to do harm and those least able to cope continue to suffer... In the absence of population-scale mitigations... the focus remains upon individual risk... vulnerable people will continue to require precautions and, ideally, others will act with an appropriate level of altruism.”

The fact that a new variant is now taking lives underscores the warnings from scientists that new waves of disease are likely and that the defunding of infection monitoring, the dismantling of key infrastructure and the erosion of National Health Service provision leave the country unprepared to deal with them.

Computer modelling shows a more than one in three chance of another pandemic along the lines of COVID-19 in our lifetimes. The increasing encroachment of humans on natural ecosystems increases the possibility of new zoonotic infections, those spread to people by bacterial or viral infection

existing within a reservoir of host animals.

Sir John Bell, an immunologist who was a member of the UK Covid Vaccine Taskforce and former government chief scientific adviser, warned last month that Britain is now no more prepared for a new novel pandemic than it was for COVID-19. Quoted in an April 24 *Independent* article, Bell explained, “Despite everything we have learned, we are not ready for the next pandemic. The next pandemic could be even more devastating than the last. We must be in a constant state of readiness for the next big health crisis if we do not act now, we will not be forgiven.”

Sir David King, a former chief scientific adviser to the government who formed and led Independent SAGE, accused the government of failing to provide the funding for NHS investment to prepare for a new pandemic threat—which he predicted would occur within the next 15 years.

He told the *Independent*, “We’re in the same position as we were in 2020. Nothing has changed... if anything it has got worse... If you wait for the next epidemic, which I think is where the government may be now – if you wait until the next vaccine is developed, for whatever disease that is, it will take months and months for that vaccine to arrive. We cannot rely on that. We will have many, many cases, it’ll get really out of hand again, and then we’ll have hospitals completely overwhelmed by an outbreak of this kind.”

The newspaper also published a warning from Professor Teresa Lambe, one of the leading members of the Oxford-AstraZeneca vaccine programme, who criticised the dismantling of COVID-19 tracking systems.

Lambe said of the new variant, “We have learnt time and again that we need to track this virus carefully to distinguish if the current vaccine recommendations are enough. Without more of a concerted effort to work together and invest in pandemic preparedness, we are sitting ducks for the next virus.”

Other experts warned of the consequences of mothballing COVID testing labs and suspending construction of the UK Vaccine Manufacturing and Innovation Centre.

In a *Research Professional News* article of November 30 last year, Deepti Gurdasani, a clinical epidemiologist at Queen Mary University of London, said, “There is this idea in the UK that the pandemic is

over, and the worrying part is that vaccine development is also ending. This is very concerning because we’ve already had four waves this year and we are seeing variants which are becoming increasingly resistant.”

In line with the anti-scientific and profit-driven response of the ruling elite internationally, the Tory government turned off the NHS COVID app on April 27. Initially beset by technical failures, the app was ultimately downloaded by over 21 million users and enabled around 1.7 million people to self-isolate after the app showed they had been in close contact with an infected person. It is estimated to have saved thousands of lives and prevented millions of people from becoming infected.

The app was a vital tool in particular for the half a million immune-compromised, clinically vulnerable people whose health and lives are most at threat from COVID-19 infection.

The UK’s estimated two million Long COVID sufferers have also been abandoned. An example of its crippling impact was provided by Tanysha Dissanayake in a Sky News broadcast of April 26. A promising tennis prodigy, Dissanayake told Sky how the disease had put paid to her career: “I have come a long way since a year ago... I couldn’t even open my eyes to watch Netflix. But in terms of my life and full recovery, I am still so far away from where I need to be.”



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