

# COVID variants drive UK summer infection wave

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Indications of new waves of COVID-19 infections are emerging in the UK this summer, fueled by new variants of the SARS-CoV-2 coronavirus that causes the disease.

According to the ZOE Health Study which encourages smart phone users to submit health reports, 52,375 symptomatic COVID cases were reported on August 3, leading to a prediction of as many as 805,411 current symptomatic cases in the UK. In all some 4,817,218 users contribute to ZOE's data.

Most cases are currently being reported from Suffolk and Leicestershire, while a few days ago the South West and Wales were reporting the highest figures. The ZOE figures record a 30 percent increase in cases since early July, although overall figures remain, thus far, much lower than during the Omicron surge last year, which peaked at over 3.8 million cases.

Testifying to the demolition of systemic community wide testing, the Conservative government's own dashboard for England alone reported a far lower figure of 4,076 new cases in the week to July 29, an increase of 27.8 percent. The dashboard reported 1,438 hospital admissions, an increase of 40 percent. The latest weekly figures for deaths record 63, a reduction of 22 percent, but this dated from the week to July 7. In Scotland, in the week to July 30, there were 118 admissions, and five deaths up to July 8. In Wales, there were 44 hospitalisations and another 69 cases acquired in hospital. Three patients are in critical care.

According to Worldometers, there have been 228,429 deaths from COVID in Britain.

Christina Pagel, a professor of operational research at University College London, commenting on the implications of testing failures, told the *Guardian* that Britain was nearly “flying blind.” Pagel warned that a new wave of infection appeared to be underway, and

that this might accelerate into the autumn.

Pagel called for the re-introduction of high-quality masks in healthcare settings along with re-establishing a nationwide infection survey. Failing that, wastewater testing, also suspended, should be restored. Pagel expressed alarm over “a repeat of the last winter NHS [National Health Service] crisis this winter again, with COVID, flu and RSV [respiratory syncytial virus] all hitting around the same time.”

Wastewater testing, rolled out by the UK Health Security Agency (UKHSA), sampled untreated sewage three times a week from over 300 treatment works in England. Similar programmes were established in Scotland and Wales, searching for fragments of coronavirus DNA released in faeces, thus giving a broad indicator of COVID-19 levels in the population. In an act designed solely to suppress public knowledge of infection levels, particularly advance warning of emerging infection waves, the UK government ended sampling in 2022. Some level of sampling is continuing in Wales and Scotland.

Epidemiologist professor, Rowland Kao of Edinburgh University, commented in the same article on the significance of the deliberate collapse in surveillance. “With seasonal flu, we have of course a certain amount of predictability with the many years of data. However, with Covid, now that we don’t have those multiple data streams to rely on, it’s harder to say what is happening.”

Kao explained that COVID-19 was not following simple seasonal patterns and that the timing and impact of COVID variants was unknown.

Currently there are two emerging Omicron variants in the UK, accounting for nearly half of all UK cases—Eris and Arcturus. Eris, or EG.5.1, was first monitored in Asia, early July this year. In the UK it was classified as

a variant July 10, by which time it was accounting for 11.8 percent of cases. That figure has increased to 14.6 percent. Arcturus emerged in April and now causes 39.4 percent of infections.

Thus far, Eris has not raised concerns to the level generated by Omicron. Eris is currently classed by the World Health Organisation as a “variant under monitoring”, as opposed to a “variant of concern.” Speaking to the *Guardian*, Imperial College London's Danny Altmann warned of the growing period since most people were vaccinated “The immune-evasion mutations continue to emerge and cross-protection is looking ever more precarious. Meanwhile, immunity beyond one-year wanes appreciably.”

A further indication of an emerging UK wave, and broad public concern, is the rapid growth in the sales of lateral flow test kits from pharmacies. Boots reported sales increased 33 percent in the week to July 22, compared with the previous three weeks. Boots charge £9.85 for tests that were formerly provided free of charge, Lloyds sell individual tests for £1.89. PCR swab tests, also formerly free, cost £62.00 from Boots, £67.00 from Lloyds—devastating costs for working class households amid a surge in the cost of living.

Further variants continue to emerge. Last month, the *Daily Mail* reported a mutation of the virus, taken from a patient swab in Indonesia, with 113 unique mutations. 37 of these were reported to affect the spike protein, which is central to SARS-COV-2's high rate of transmission. The spike protein is also the target of most of the vaccines developed, giving rise to further concerns of reduced vaccine efficacy. It is not known whether this mutation poses a threat, but the emergence of countless variants is unavoidable given the vast level of infection worldwide, driven by the calculated indifference of the capitalist class.

Commenting on the current wave in the UK, Leeds University professor of virology Stephen Griffin said that while numbers seem to be rising less quickly than previous waves the low level of testing means that this is difficult to confirm. He warned, “More infections will also mean more Long Covid, which remains a massive concern and yet is often overlooked when factoring the impact of infection waves.”

A Long Covid study published July 21 in *The Lancet* by King's College London which explored the impact of Covid on brain function found that “deficits

following SARS-CoV-2 infection were detectable nearly two years post infection, and [were] largest for individuals with longer symptom durations, ongoing symptoms, and/or more severe infection.” Tests employed measured memory, attention, reasoning, processing speed, and motor control.

The study, carried out in 2021, found people with Covid-19 infections recorded lower cognitive scores, particularly if symptoms had persisted for over 12 weeks. The impact was described as “comparable in scale to the effect of presentation to hospital during illness, an increase in age of approximately 10 years, or exhibiting mild or moderate symptoms of psychological distress”. The tests were performed on 3,335 people who had been infected by SARS-CoV-2.

As many as 1.9 million people, 2.9 percent of the population, were reporting some level of Long COVID symptoms, as of March 2023 according the UK's Office of National Statistics. Described as “symptoms continuing for more than four weeks after the first confirmed or suspected coronavirus (COVID-19) infection that were not explained by something else”, fatigue, muscle ache and shortness of breath were most reported.

The spread of the disease in Britain, in the fourth year of the pandemic, is mirrored in other countries, including the United States—with data showing that the level of SARS-CoV-2 viral particles in wastewater across the US has risen by 125 percent over the past six weeks—and Australia, which has seen a marked spike in deaths in recent months.

These development refute government lies that COVID-19 is nothing to worry about, is now “endemic” and equivalent to the cold or flu. All evidence points to the deadly virus continuing to mutate rapidly, more than twice as fast as the common flu. New variants that can bypass prior immunity threaten to unleash repeated waves of infections, hospitalisations and deaths.



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