

# Britain among four countries where new highly mutated COVID strain detected

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Amid a surge of COVID cases in Britain, a new possibly more dangerous strain, BA.2.86, has been detected. The announcement that the new strain, dubbed “Pirola”, had been detected in the UK was made August 18, after it had already been found in Israel, Denmark and the United States.

Pirola could mark a new stage in the pandemic as it has 35 mutations on the spike protein—the part of the virus that latches onto human cells and causes an infection—that distinguish it from Omicron XBB.1.5.

Omicron was the most recent variant of COVID to dominate globally. Vaccines are effective against Omicron, and the next iteration of vaccines are aimed at combatting it. It is possible they will be less effective against Pirola.

It is likely that community transmission of Pirola has been underway for some time. The UK Health Security Agency (UKHSA) reported that the first case found was detected in an individual with no travel history outside the UK.

The *Independent* reported Saturday, “Luke Blagdon Snell, a clinical research fellow at King’s College London, said a patient at Guy’s and St Thomas’ in the capital had first shown symptoms five days ago, and had acquired the infection ‘locally’”.

Molecular virologist Professor Marc Johnson tweeted, “The three Denmark cases were from different parts of the country and had no known contact with one another. This is looking more and more like an avalanche.”

Prof Francois Balloux, director of the UCL Genetics Institute, said that another SARS-CoV-2 variant, EG.5 / EG.5.1 (nicknamed Eris), was “one of the myriad Omicron sub-lineages in circulation constantly jockeying for places.” He said of Pirola, “More recently the BA.2.86 variant has attracted attention,

rightly so, as it is of far more interest. BA.2.86 is the most striking SARS-CoV-2 strain the world has witnessed since the emergence of Omicron.”

“The most plausible scenario is that the lineage acquired its mutations during a long-term infection in an immunocompromised person over a year ago and then spread back into the community,” he said. “BA.2.86 has since then probably been circulating in a region of the world with poor viral surveillance and has now been repeatedly exported to other places in the world.”

The appearance in Britain of the new highly mutated version of COVID comes amid a spike in the spread of the disease, under conditions in which all testing and monitoring has been abandoned by the Conservative government and devolved Scottish and Welsh administrations. Those infections were driven by the Omicron variants Eris and Arcturus, accounting for nearly half of all UK cases.

Eris, or EG.5.1, was first monitored in Asia, in early July this year. Classified as a variant present in Britain on July 10, it then accounted for 11.8 percent of cases and increased by early August to 14.6 percent. The UN health agency reports that Eris has been detected in 51 countries. Arcturus, which emerged earlier, in April, was responsible for nearly 40 percent (39.4 percent) of UK cases at that time.

Since then, COVID has spread more widely, with the number of neighbourhoods hit by outbreaks in England seeing cases double in a fortnight. The *Mail* reported Saturday, based on UKHSA statistics, that almost 600 districts reported clusters of infections in the week to August 12. This was a marked increase from the 270 two weeks earlier.

The newspaper explained that “589 out of 6,500 neighbourhoods in England had detected at least three

Covid cases in the week to August 12.” It continued, “For comparison, just 58 areas had reached this threshold — given to protect the anonymity of patients sickened in tiny clusters — at the start of July.” This represents a tenfold surge of COVID in England in the space of 10 weeks.

On August 7, the number of daily COVID hospital admissions had more than doubled from four weeks earlier. Paul Hunter, professor of medicine at the University of East Anglia, wrote in *The Conversation*, “Immunity against infection, either from immunisation or following infection, is very short lived—only a matter of months. As covid heads towards being endemic it will likely still cause an average of around 80,000 new infections each day in England for years to come.”

Dr Trisha Greenhalgh, a primary healthcare expert at the University of Oxford and member of the group Independent SAGE, tweeted of Pirola, “My various science WhatsApp groups are buzzing. Genetic lineage clips and diagrams flying back and forth”, adding that it “looks like it’s once again time to MASK UP”.

The *Mail*, as with every national newspaper, backed the major political parties in reopening the economy and abandoning testing well over a year ago. National testing was stopped as long ago as April 2022. The *Mail* notes, “The [COVID surge] figures only reflect the tip of the iceberg, however. Barely any Covid cases are logged nowadays because of the decision [to end testing] ... Infection rates are, therefore, not necessarily an accurate reflection of the current picture.”

In a population of over 66 million, only “Around 5,000 lateral flow test results and 2,700 PCR readings have been uploaded per day in the last week.”

The tearing up of all testing and monitoring measures, and depriving millions of people of access to vaccines, places the entire population in danger.

March 2022 saw the end of wastewater monitoring and this March the Office for National Statistics Covid-19 survey was ditched. In May, the Scottish National Party-Green Party government scrapped the use of masks in health and social care settings.

Earlier this month, the government’s Joint Committee on Vaccination and Immunisation (JCVI) issued guidance to the National Health Service barring 12 million people who had previously been eligible from receiving a free COVID vaccine. Britons between the ages of 50 and 64, except those classed as

“vulnerable”, will be deprived of an additional booster dose. The same 12 million people will also be deprived of a free flu vaccine.

Scientists and doctors have responded with alarm. On Saturday, the *Daily Record* reported the contents of a letter from a prominent but unnamed GP “showing they [the profession] are worried about a new winter coronavirus surge and believe the current vaccine roll-out is not fit for purpose.”

The doctor wrote, “It’s been reported in the press there’s an upswing in Covid. We haven’t heard officially but GPs have been noticing this all over the place.

“Then yesterday we got a letter to say all testing was to stop, including frontline staff, unless we are vulnerable and may need treatment. I questioned the letter. It seemed odd we wouldn’t, given the upswing. I spoke with our director of public health to clarify that and also clarify what’s happening with vaccination as that seems a total shambles at the minute.”

Speaking to the *MailOnline*, Professor Stephen Griffin, an infectious disease expert at the University of Leeds, said of the many mutations of the new variant, “These types of changes typically take a long time to become established in concert, but the source of these new viruses is not immediately clear. Of course, our limited surveillance now makes this job much harder.

“Ultimately, whether or not humans declare that a public health emergency is over, the virus will carry on its course, regardless. The best way to future proof against this is a combined vaccine and mitigation-based approach. Worryingly, in the UK, we are currently winding both of these aspects down.”



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