New strain fuelling rising COVID infection in UK

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COVID infection rates are rising again in Britain, which has recorded more than a third of internationally sequenced cases of the new BA.2.86 (Pirola) variant. Last week saw a week-on-week jump of 15 percent in new cases. On September 10, the Zoe Health Study reported a daily total of 100,516 new cases.

The government's latest fortnightly flu and COVID-19 surveillance figures issued September 14 also report increased infection and hospitalisation rates.

Overall, the current COVID-19 hospital admission rate is 4.56 per 100,000 population, up from 3.37 the previous fortnight—the highest rate since April. Hospital admission rates have increased in all age groups except 15-24. For those aged over 85, the rate is 51.08 per 100,000, up from 34.15 in the previous report. ICU admission rates remain relatively stable, at 0.11 per 100,000.

Eric Feigl-Ding, a US epidemiologist, posted on X/Twitter: "This is quite shocking. 7-day hospitalizations in England for #COVID19 in kids age 0-5 has surged—spiking up by 47% in just one week, near annual high. Kids in UK are also among the least vaccinated. Don't ignore the worrisome data."

Testing figures also show increases in the circulation of the disease. Of 3,297 respiratory specimens reported through the Respiratory DataMart System, 10.2 percent were identified as COVID-19. This compares to 9.7 percent of the 4,288 specimens in the previous report. Positivity for pillar one (swab testing) laboratory confirmed cases has risen to 16.0 per 100,000 population from 12.5 in the previous period.

At the beginning of July, no area had a case rate of more than nine per 100,000. By the week ending September 9 (the latest available), the government's interactive map of case rates shows most of the UK experiencing 10-49 cases per 100,000. In the area west of Glasgow, this rises to 50-99 cases per 100,000.

These figures almost certainly underestimate the real situation, as the government has eroded basic public health surveillance measures. Testing for COVID is now at its lowest point since the beginning of the pandemic.

Duncan Robertson, senior lecturer in management sciences at Loughborough Business School, told the press, "The UK's ability to detect new variants has been compromised by the effective ending of the Office for National Statistics Coronavirus Infection Survey" which "allowed the proportions of variants… to be estimated, which could have meant that the emergence of BA.2.86 could have been better tracked."

Leeds University virologist Professor Stephen Griffin, a member the Independent Sage scientific committee, has warned, "Lessons learned during the early part of the pandemic and before do seem to have been forgotten."

The UK Health Security Agency (UKHSA) has brought forward its autumn vaccination programme by three weeks in response to the spread of the Pirola variant, and said it will also scale up testing, although Griffin comments that "details at the moment are scant." University College London (UCL)'s Professor Christina Pagel, also of Independent Sage, recently warned that Britain is close to "flying blind" in light of testing failures.

The Pirola strain has been detected in 15 countries since it was identified in Denmark in late July. Britain had recorded 37 cases of the variant by September 11, up three on the previous week, with UKHSA Incident Director Bindra suggesting "some degree of widespread community transmission." Other cases have been reported from South Africa (17), Denmark (13), the USA (seven), France (seven), Sweden (five), Spain (four), Israel (three), Canada (two), and Australia, Germany, Japan and South Korea (one each).

Pirola has not yet been classified as more dangerous than previous variants, or as a Variant of Concern, but scientists have identified 34 mutations on its spike

protein. Francois Balloux, director of the UCL Genetics Institute, described Pirola as "the most striking Sars-CoV-2 strain the world has witnessed since the emergence of Omicron."

The World Health Organization (WHO) has said that "More data are needed to understand this… variant and the extent of its spread. But the number of mutations warrants attention."

Pfizer and Moderna report their vaccine boosters offer "strong responses" to the targeted spike protein. However, Professor Griffin noted the "multiple preprint studies… by reputable labs" showing Pirola to be "equally, or perhaps more, antibody-evasive compared to the XBB [strains]." The XBBs, he said, are "among the most antibody-evasive strains ever encountered."

The UK government having to accelerate its booster programme in response to the spread of another concerning variant exposes the lies of the Conservative and Labour parties which proclaimed as far back as February 2022 that the pandemic was over, and all could "live with COVID."

Warnings are also being raised of a "twindemic" with the seasonal winter flu surge. Professor Susan Michie, professor of health psychology at UCL said in the *Guardian*, "We are at the start of a wave; how serious it's going to be, we don't know," adding that it was unclear whether COVID is becoming seasonal. Given the existence of prior seasonal viruses such as flu and RSV, she warned that the impact on a stretched National Health Service (NHS) is "potentially dangerous."

An outbreak in a Norfolk care home earlier this month gave a horrible snapshot of the dangers, prompting the sort of wholesale systematic testing which is no longer being carried out generally.

Testing revealed that 33 of the 38 residents of Shipdham Manor in Dereham and 12 members of staff had contracted COVID. Of these, 28 cases were confirmed as Pirola. One resident required hospitalisation.

The rise in COVID cases, in Britain as everywhere, is the inevitable result of the decision not to control the spread of the virus. The refusal to implement systematic monitoring and public health measures has allowed COVID-19 free rein to mutate, potentially beyond the ability of current vaccines to control. The Eris variant, EG.5.1, first identified by the WHO last month, is now the second most prevalent variant in the UK after Arcturus (XBB.1.16), and the most common variant in the US.

Eris was first flagged early in July after increased detection internationally. Virology Professor Lawrence Young noted that its key difference from other Omicron variants was an additional mutation in the spike protein "which might account for its ability to evade the neutralising antibody response from previous Omicron infections."

A third new variant, Pi (BA.6) is also a variant of Omicron. Pi has not yet been widely sequenced, with records only from Denmark and Israel. Christina Pagel commented that although it is "very, very early days," Pi has "a lot of new mutations that make it very different to previous Omicron strains."

Professor Young told *The Independent* the new variants are "competing with each other and are continuing to change as they spread." Pointing to the "rise in symptomatic… infections" and the "small but significant increase in hospitalisations due to COVID," he warned that it is "very likely that we will see waves of infection over the winter."

Griffin criticised a continuation of the government's "vaccine-only strategy," which "fails to recognise and account for airborne Sars-CoV-2 transmission, including in healthcare settings" as well as the "long-term consequences of COVID."

The vaccine-only strategy in any case only applies to a shrinking minority of the population. Last month, the government's Joint Committee on Vaccination and Immunisation issued guidance to the NHS 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 not receive an additional booster dose. The same 12 million people are to be deprived of a free flu vaccine.

According to the governments' own figures, over 229,000 people have been killed by COVID in Britain. The *Economist* magazine's more accurate Estimated Excess Deaths tracker suggests a death toll in the range of 240,000 to 250,000.