

# Winter COVID and flu wave hits UK's National Health Service

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Britain is suffering another wave of COVID-19, fuelled by the recently identified JN.1 variant, as well as the winter season. Case numbers and hospitalisations are rising rapidly and on track to match those from the Omicron outbreak of early 2022, if not surpass them.

According to the latest Office of National Statistics (ONS) data, approximately 2.5 million people were infected as of December 13, 4.3 percent of the British population—more than double the level at the start of the month. The record was set in April 2022, when 7.6 percent of the population was infected.

Since the mid-December data was published, numbers are expected to have increased considerably due to Christmas socialising, meaning the 2022 highs may have been exceeded.

UK Health Security Agency (UKHSA) figures show that the hospitalisation rate was 5.21 per 100,000 in week ending December 31, up from the 4.8 per 100,000 the previous week.

The JN.1 mutation of SARS-CoV-2 is a subvariant of BA.2.86 (named Pirola) and is by far the most infectious of all the variants circulating in the UK, and the world at the moment. It has evolved to be more infectious while not losing the genes that made it adept at circumventing the immunity conferred by the existing vaccines.

Professor Lawrence Young, a virologist from Warwick University, told the *i* newspaper, “the rapid rise of infections with the JN.1 variant in the UK and across the world is yet another reminder that the pandemic is far from over. JN.1 is one of the most immune-evading variants to date and is likely to be the lineage from which new variants will evolve.”

Professor Peter Openshaw, a virus expert at Imperial College London told *The Sun*, “We're going to see quite a major surge in infections over the coming

weeks—the wave could be bigger than anything we've seen before. To help stop the spread, those who haven't had the COVID booster should consider wearing face masks in public places, like on trains, when shopping and at large events.”

If the rate of patients developing Long COVID following infection remains the same (around one in 10), then hundreds of thousands will be left debilitated for months or even years following this winter surge.

Dr. Ziyad Al-Aly, assistant professor of medicine at Washington University School of Medicine in St. Louis and director of the clinical epidemiology center at the VA St. Louis Health Care System, who studies Long COVID, recently told *Time* magazine, “Reinfection remains consequential.”

He published a paper in *Nature Medicine* in 2022 which found that those infected twice by COVID suffered higher rates of short- and long-term health effects than those infected once.

*Time* summarised, “People who had multiple infections were three times more likely to be hospitalized for their infection up to six months later than those who only got COVID-19 once, and were also more likely to have problems with clotting, gastrointestinal disorders, kidney, and mental-health symptoms. The risks appeared to increase the more infections people experienced.”

“I wish we lived in a world where getting repeat infections doesn't matter,” Al-Aly told the magazine, “but the reality is that's not the case.”

The impact of COVID is compounded by the increased circulation of flu and other viruses. The admission rate for patients with flu stood at 6.8 per 100,000 people in the week to December 31, up from 5.1 the previous week and the sixth weekly rise in a row. This is currently below the record numbers seen

last year, when the rate stood at 12.8 per 100,000 but is still a significant burden on the National Health Service (NHS).

Norovirus has seen a resurgence this winter, with 49 percent more cases reported in the two-week period ending on December 24 than the past five-year average for the same two-week period. Around 450 beds were occupied by norovirus patients in the second of those weeks, about two-thirds higher than the levels seen last winter.

UKHSA data also shows that more people were hospitalised with respiratory syncytial virus (RSV) in the final week of the year compared to the same period in any other year since the pandemic began. There were 2.2 admissions per 100,000 in the week to December 31, a 10 percent increase over the previous year.

The surge is part of an international trend, with the United States and Europe seeing sharp increases in these cases of these viruses. Nearly half of all flu tests came back positive in Spain in the last week of December. RSV has caused a rise in hospitalisations of children under one and hospitalisations for COVID are increasing among the elderly.

In Italy, two million people came down with flu, COVID and RSV in the final two weeks of the year, overfilling some hospitals.

Mary Ramsay, director of public health programmes at the UKHSA, warned in comments to the *Financial Times* that, in the UK, “The winter peak for flu is still to come and may coincide with high levels of COVID-19.”

With hospitals struggling even during “normal” times due to decades of underfunding and a chronic lack of staff, the present surge in illness and hospitalisations has left several trusts unable to cope with the influx of patients. The Nottingham and Nottinghamshire NHS Trust declared a “critical incident” in the first days of January after all A&E services were reportedly full and “under pressure.”

Portsmouth Hospitals University did the same, citing “a combination of delays across our system and an increase in demand for services.”

The Conservative government, agreed with by the Labour Party, refuses to take even the most elementary public health measures such as mandating masks in healthcare settings, as was the case from June 2020 until June 2022.

Some hospitals have taken matters into their own hands, with United Lincolnshire Hospitals Foundation Trust, Sherwood Forest Hospitals, Barnsley Hospital and Chesterfield Royal Hospital among a rising number to reintroduce mask requirements. Sheffield Teaching Hospitals Foundation Trust already did so last October, as did Royal Stoke University Hospital, Stafford’s County Hospital and the University Hospitals of Derby and Burton.

The ruling class’s only concern is keeping profits flowing to the banks and corporations, unimpeded by any public health measures. To that end, the Sunak government is responding to increase in infections with a “nationwide marketing campaign” aimed at convincing parents to ensure their children go to school, even if they are sick. The government advice reads, “It is usually appropriate for parents and carers to send their children to school with mild respiratory illnesses.”

While this is cynically justified with phrases like, “There is wide agreement among health professionals and educational professionals that school attendance is vital to the life chances of children and young people,” the true motivation is to ensure workers are not preoccupied with childcare duties so they can get on with generating profits for the super-rich.

The Labour Party has jumped on board, with Shadow Education Secretary Bridget Phillipson urging parents on Sunday not to take children out of school in an interview with the *Telegraph*.

The evolution and rapid global spread of JN.1 is a product of the ruling class’s refusal to address the pandemic.

Workers in Britain and internationally must take heed of the ongoing dangers posed by the virus and fight for a preventive strategy against COVID-19 and other public health threats. Such a strategy must be funded by the hoarded wealth of the corporations and the super-rich, and organised democratically and scientifically, not subordinated to the demands of the capitalist labour market.



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