

UK virtually ends free vaccines as COVID-19 continues to spread

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More than four years since the UK reported its initial case of COVID-19, the virus continues to spread. Despite decreases in infection, hospitalization, and mortality rates following the recent winter surge, there are few barriers preventing a rebound of the pandemic.

The Conservative government, as with governments internationally, and with the enthusiastic backing of the Labour opposition, has eliminated all public health measures related to COVID, prioritizing economic gains for corporations over public health in a profits before life approach. Consequently, the SARS-COV-2 virus still infects tens of thousands weekly, leading to hundreds of deaths and leaving thousands suffering from the often severe long-term effects of Long COVID.

A new milestone in the policy of letting the virus run rampant was reached last week as NHS England launched its spring COVID-19 vaccination campaign. Compared to previous years, significantly fewer people will have access to a free jab, despite Mary Ramsay, who directs immunisations at the UK Health Security Agency (UKHSA), admitting that COVID is still spreading widely in the population and can cause severe infection and death.

Under the new rules, only people over 75 years old, or that live in a care home for older adults, or have a weakened immune system, are eligible for a free vaccine through the National Health Service. By contrast, just a few months ago the autumn 2023 immunisation campaign covered all adults aged 65 years and over, people aged 12-64 who were “at risk”, as well as frontline health and social care workers and staff working in care homes for older adults.

Now, everyone who is not covered by the extremely narrow criteria must pay between £99 (Pfizer/BioNTech mRNA vaccine) and £45 (Novavax

non-mRNA vaccine). The vaccine requires a booster every approximately six months to keep being effective and be able to protect at all against regular new variants. Appointments are hard to get. Costs unaffordable to many, lack of availability, and above all the systematic attack on public awareness of the continued danger of the disease mean vast numbers will never be vaccinated again.

Because of the lack of widespread testing, the true picture of the spread of COVID in Britain is unknown. However, even from the inadequate data provided by the UKHSA, a damning picture emerges.

In the week ending April 18, the COVID-19 positivity rate rose for the second week in a row to 4.8 percent. While low compared to the winter and autumn peaks last year, it points to the continuous, unchecked spread of the virus in the population. This resulted in 1,202 hospitalisations, out of which 40 required ICU admission. There were also 102 deaths, mostly affecting the older, more vulnerable section of the population. Last year, the number of excess deaths compared to the years before the pandemic was 31,442, according to the Office of National Statistics (ONS).

So far this year, there have been 4,034 registered COVID deaths with 3,305 in England, 225 in Wales, 348 in Scotland and 145 in Northern Ireland and 11 among non-residents.

The refusal to offer free vaccinations, and the resulting increase in infections will have devastating consequences for those who develop Long Covid.

Also referred to as Post COVID-19 Condition, Long Covid encompasses a variety of symptoms such as fatigue, shortness of breath, and cognitive impairments. Researchers are still investigating the precise characteristics of these persistent ailments, typically described as symptoms that continue or return 12

weeks following the initial infection. Estimates suggest that approximately 10 percent of all individuals who contract COVID-19 experience Long COVID. There are an estimated 2 million people suffering from Long COVID in Britain.

Support from the government is limited and erratic. The apathy demonstrated by authorities at all levels towards a debilitating condition that has impacted as many as 10 percent of the population is as reprehensible as the negligent approach that permitted the widespread transmission of COVID-19.

This was vividly illustrated in a study published last month by the researchers from the University of Stirling and the Universities of Oxford and York. Titled “Episodic disability and adjustments for work: the rehabilitative work of returning to employment with Long Covid”, it examines the complex challenges faced by individuals suffering from the condition as they attempt to return to work.

Because Long COVID is not officially classified as a “disability” in the UK, sufferers are not eligible for protections and benefits available under disability legislation. As such, they are left to “negotiate” their return to work individually with their employers, which often results in inadequate workplace accommodations and frequently forces workers into a cycle of attempted return followed by relapse. The study found that this uncertainty and the physical toll of Long COVID severely impact the personal and professional lives of workers, often leading to reduced work hours, job loss, or significant changes in their career paths.

An important aspect of millions of people who want a COVID jab now having to pay for it is that it broadens the ongoing privatisation of health care. These issues were raised in an article published by *The Conversation* this month by academics Liz Breen, the Professor of Health Service Operations, University of Bradford; and Jonathan Silcock, the Associate Professor in Pharmacy Practice, University of Bradford. They write that the advent of paid for COVID jabs has “raised concerns about both the cost and accessibility of these vital medicines. There are also worries it’s yet another example of how patients are increasingly bridging the gap in healthcare provision, paying out of pocket for prescription drugs or services that the NHS no longer provides or can’t provide promptly.”

The article explains, “Since 2000, most people who

want a flu jab and are not eligible for an NHS one have had to pay for a jab from a private provider. Free flu jabs are only given to those at the greatest risk of serious illness from the virus. Community pharmacies are reimbursed for administering the free NHS vaccination, but are paid directly for private vaccinations. Essentially, the same system has been introduced for the COVID vaccine.”

This was part of a drive in which, “Increasingly, the public is being asked to pay for services they could once access as part of the NHS for free.”

While it is pinching pennies when it comes to protecting lives, the government has no issue spending money when it comes to ending them. It has spent £12 billion in economic and military aid for the far-right Ukrainian regime in the US-NATO war on Russia. This is on top of the £54.2 billion that the UK spent on the military in the 2023/24 fiscal year.

The repercussions of the policy of social murder during the pandemic are widespread across society. Exhausted by burnout and perilous working conditions, thousands of nurses and other healthcare professionals have abandoned their jobs. The existing shortage of general practitioners, worsened by the pandemic, now impacts millions of British families, and has resulted in overwhelmed hospital emergency rooms, which were already under strain from pandemic pressures. Additionally, measles, a disease once considered eradicated, is experiencing a resurgence, with 1,109 reported cases since October 1.

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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