

Holiday season, Euro 2024 tournament, music festivals, and lack of vaccines fuel UK COVID wave

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The UK is in the middle of a new COVID-19 wave, driven by the summer holiday season and exacerbated by large-scale sporting events, such as the UEFA Euro 2024 football tournament.

Other summer events such as Taylor Swift concerts, Glastonbury and other festivals have exacerbated the spread. Swift is playing to almost 700,000 people just at her Wembley Stadium residence in London in June and August.

The lifting by previous Conservative governments, with the backing of the then opposition Labour Party, of any measures for protecting the population—such as mandating the wearing of masks and organising a comprehensive testing and contact-tracing campaign—guarantees that many people will succumb to the disease or be left with the debilitating effects of Long COVID.

(Labour leader and now Prime Minister Sir Keir Starmer attends a June 21 Taylor Swift concert at Wembley Stadium during the general election campaign).

There were 3,557 COVID cases in the week ending July 17 according to the official UK Health Security Agency (UKHSA) dashboard, a 4.5 percent increase from the previous week and approximately three times as many as in March this year. Deaths have risen by 20 percent week on week and stood at 197 on July 12 and 2,797 people were admitted to hospital with COVID in the final week of June.

Since there is no comprehensive testing campaign—with COVID levels only measured in the general population from mid-November to mid-March, for the winter infection survey—all data in the rest of the year is based either on people self-reporting their positive tests or tests conducted on hospital admission. Official numbers must be considered a severe undercount.

Supporting this, high street healthcare retailer Superdrug reported a 319 percent spike in sales of its COVID lateral flow tests, alongside a 297 percent increase in cold and flu relief sachets, suggesting a surge of illness across Britain.

This summer's COVID wave was massively boosted by

the month-long Euro 2024 football tournament (June 14-July 14), in which millions of people across the continent gathered crowd together in large groups, often in enclosed spaces such as pubs, while shouting and cheering. A similar phenomenon was observed in the summer of 2021 during the delayed Euro 2020 tournament.

During the final alone between England and Italy on July 11, 2021, the number of people catching COVID was “between six and nine times higher than what would otherwise have been expected”, according to a study by Oxford and Warwick Universities, published in the journal *Science*. The study found significant additional infections from Euro match days in 11 other European countries. Professor Lawrence Young, a virologist at University of Warwick, told the *i* newspaper: “Any situation where folk are crowded together in poorly ventilated spaces provides an opportunity for the virus to spread.”

Given Britain's larger population, in the week to July 7, its 17,800 cases were high compared with other European countries. However per head of population countries in southern Europe where millions flock each year for a summer break such as Portugal, Greece and Cyprus, have a higher infection rate.

A lax attitude to the virus, with no public education as to its implications, is encouraged by the government and the media. Among the main media outlets in the UK, only the twin publications the *Independent* and the *i* provide some coverage, albeit on an irregular basis, on the spread of COVID. Elsewhere, coverage is sporadic at best or non-existent. The nominally liberal *Guardian* has no article covering the recent wave of COVID infections in Britain.

The coverage that still exists promotes a generally criminal complacency towards the deadly and debilitating disease, such as this quote from Professor Mark Woolhouse in the *Independent*: “Over the coming decades, we will shift to a situation where most people are exposed to Covid—possibly several times—when they are young. This will not cause a

significant public health problem— healthy young people were never much affected by Covid—but it will result in a build-up of immunity that will make them much less vulnerable when they are elderly and frail.”

This ignores the fact that rather than “building-up” immunity, repeated infections have been shown to increase the risk of serious illness, including Long COVID, a debilitating condition that has been dubbed the “pandemic within the pandemic”.

Its effects were highlighted recently in a study by the Office of National Statistics (ONS). An estimated 3.3 percent (2 million) people living in private households in England and Scotland were experiencing self-reported Long COVID (symptoms continuing for more than four weeks after a confirmed or suspected coronavirus infection that were not explained by something else). Long COVID symptoms adversely affected the day-to-day activities of 1.5 million people (74.7 percent of those with self-reported Long COVID), with 381,000 (19.2 percent) reporting that their ability to undertake their day-to-day activities had been “limited a lot”.

In addition, 56.4 percent reported that symptoms worsen following “mental and/or physical effort”. The most common symptom reported as part of an individual’s experience of Long COVID was weakness or tiredness (54.0 percent) followed by shortness of breath (43.7 percent), difficulty concentrating (39.4 percent) and muscle ache (36.7 percent). People between 45 and 54 years old were the most likely to report Long COVID, followed closely by those between 55 and 64 and those 35 and 44. The incidence of Long COVID was significantly higher among working people, as opposed to those unemployed or self-employed. The most affected workers were those in the teaching and education sectors, who were approximately 1.5 times as likely to be suffering from Long COVID than the average.

The COVID wave is fueled by the domination of a new set of virus variants, collectively known as FLiRT variants—after the technical names for their mutations. This is the term being used to describe a whole family of different variants—including KP.2, JN.1.7, and any other variants starting with KP or JN—that appear to have independently picked up the same set of mutations in a process called convergent evolution. They are all descendants of the JN.1 variant that has been dominant for the past several months.

These new variants are better at evading antibodies from previous infections or from vaccines. While they do not seem to cause a more severe infection than previous variants, the constant mutations encouraged by the continued unchecked spread of the virus means capitalist governments are playing “Russian roulette” with the lives of billions.

While not a substitute for comprehensive masking, testing

and contact tracing programmes, vaccines are also helpful in dealing with the virus by the lowering the risk of severe infection and of Long COVID. The UK government has failed to ensure even this measure of protection for its population. As the WSWS previously covered, the heavily restricted spring booster campaign has ended, and the only way for workers to obtain a COVID vaccine is to pay exorbitant prices at private providers (as high as £100). Given the ongoing cost of living crisis and misinformation campaign, most workers will be left without even this protection.

Most vaccines available in pharmacies were developed to combat the XBB.1.5 variant and will have lower efficacy against virus variants circulating today. Highlighting the speed at which the virus mutates, compared to the ability of private companies to develop and manufacture vaccines, Medicines and Healthcare products Regulatory Agency has just approved a new JN.1 COVID-19 vaccine for adults and children, when the JN.1 is on the way out and increasingly replaced by the new FLiRT variants

The evolution and rapid global spread of the new variants of the virus 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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