

COVID XEC variant “taking charge” and leading to surge of cases and deaths across Europe

Robert Stevens
15 October 2024

A COVID wave fuelled by the XEC variant is leading to hospitalisations throughout Britain.

According to the UK Health Security Agency (UKHSA), the admission rate for patients testing positive for XEC stood at 4.5 per 100,000 people in the week to October 6—up significantly from 3.7 a week earlier. UKHSA described the spread as “alarming”.

Last week, Dr. Jamie Lopez Bernal, consultant epidemiologist at the UKHSA, noted of the spread of the new variant in Britain: “Our surveillance shows that where Covid cases are sequenced, around one in 10 are the ‘XEC’ lineage.”

The XEC variant, a combination of the KS.1.1 and KP.3.3 variants, was detected and recorded in Germany in June and has been found in at least 29 countries—including in at least 13 European nations and the 24 states within United States. According to a *New Scientist* article published last month, “The earliest cases of the variant occurred in Italy in May. However, these samples weren’t uploaded to an international database that tracks SARS-CoV-2 variants, called the Global Initiative on Sharing All Influenza Data (GISAID), until September.”

The number of confirmed cases of XEC internationally exceeds 600 according to GISAID. This is likely an underestimation. Bhanu Bhatnagar at the World Health Organization Regional Office for Europe noted that “not all countries consistently report data to GISAID, so the XEC variant is likely to be present in more countries”.

Another source, containing data up to September 28—the Outbreak.info genomic reports: scalable and dynamic surveillance of SARS-CoV-2 variants and mutations—reports that there have been 1,115 XEC

cases detected worldwide.

Within Europe, XEC was initially most widespread in France, accounting for around 21 percent of confirmed COVID samples. In Germany, it accounted for 15 percent of samples and 8 percent of sequenced samples, according to an assessment from Professor Francois Balloux at the University College London, cited in the *New Scientist*.

Within weeks of those comments the spread of XEC has been rapid. Just in Germany, it currently accounts for 43 percent of infections and is therefore predominant. Virologists estimate that XEC has around twice the growth advantage of KP.3.1.1 and will be the dominant variant in winter.

A number of articles have cited the comments made to the *LA Times* by Eric Topol, the Director of the Scripps Research Translational Institute in California. Topol warns that XEC is “just getting started”, “and that’s going to take many weeks, a couple months, before it really takes hold and starts to cause a wave. XEC is definitely taking charge. That does appear to be the next variant.”

A report in the *Independent* published Tuesday noted of the make-up of XEC, and its two parent subvariants: “KS.1.1 is a type of what’s commonly called a FLiRT variant. It is characterised by mutations in the building block molecules phenylalanine (F) altered to leucine (L), and arginine (R) to threonine (T) on the spike protein that the virus uses to attach to human cells.

“The second omicron subvariant KP.3.3 belongs to the category FLuQE where the amino acid glutamine (Q) is mutated to glutamic acid (E) on the spike protein, making its binding to human cells more effective.”

COVID cases are on the rise across the UK, with

recent data from the UK Health Security Agency (UKHSA) indicating a 21.6 percent increase in cases in England within a week.

There is no doubt that the spread of XEC virus contributed to an increase in COVID cases and deaths in Britain. In the week to September 25, there were 2,797 reported cases—an increase of 530 from the previous week. In the week to September 20 there was a 50 percent increase in COVID-related deaths in England, with 134 fatalities reported.

According to the latest data, the North East of England is witnessing the highest rate of people being hospitalised, with 8.12 people per 100,000 requiring treatment.

Virologist Dr. Stephen Griffin of the University of Leeds has been an active communicator of the science and statistics of the virus on various public platforms and social media since the start of the pandemic. He was active in various UK government committees during the height of the pandemic. In March 2022, he gave an interview to the *World Socialist Web Site*.

This week Griffin spoke to the *i* newspaper on the continuing danger of allowing the untrammelled spread of XEC and COVID in general. “The problem with COVID is that it evolves so quickly,” he said.

He warned, “We can either increase our immunity by making better vaccines or increasing our vaccine coverage, or we can slow the virus down with interventions, such as improving indoor air quality. But we’re not doing those things.”

“Its evolutionary rate is something like three or four times faster than that of the fastest seasonal flu. So you’ve got this constant change in the virus, which accelerates the number of susceptible people.

“It’s creating its own new pool of susceptibles every time it changes to something that’s ‘immune evasive’. Every one of these subvariants is distinct enough that a whole swathe of people are no longer immune to it and it can infect them. That’s why you see this constant undulatory pattern which doesn’t look seasonal at all.”

There are no mitigations in place in Britain, as is the case internationally, to stop the spread of this virus. Advice for those with COVID symptoms is to stay at home and limit contact with others for just five days. The National Health Service advises, “You can go back to your normal activities when you feel better or do not have a high temperature”, despite the fact that the

person may well still be infectious. Families are advised that children with symptoms such as a runny nose, sore throat, or mild cough can still “go to school or childcare’ if they feel well enough.

The detection and rapid spread of new variants disproves the lies of governments that the pandemic is long over and COVID-19 should be treated no differently to influenza.

Deaths due to COVID in the UK rose above 244,000 by the end of September. It is only a matter of time before an even deadlier variant emerges.



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