

# More than 2,000 people hospitalised as UK faces “quad-demic” including COVID

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9 December 2024

The winter season has opened with Britain’s population hit by four respiratory illnesses—dubbed the “quad-demic”—including the COVID-19 virus.

The illnesses, which spread at different times during winter, also include the flu, respiratory syncytial virus (RSV) and norovirus.

On December 5, National Health Service England issued a statement headlined, “Hospitals managing record flu levels going into Winter”, warning, “NHS fears of a potential ‘quad-demic’ are rising with a 350% increase in flu cases and an 86% rise in norovirus cases in hospital compared to same week last year—alongside concerns about rising COVID-19 and respiratory syncytial virus (RSV) levels in hospitals.”

The agency’s first report of the winter warned, “New weekly figures published today for the first time this year show the NHS is going into winter under more pressure than ever before with an average of 1,099 people in hospital with flu every day last week compared to 243 in the same week last year—the highest number of cases heading into winter for at least three years.” Of the 1,099 hospitalised, 39 were in critical care, compared to nine last year.

The NHS England alert included a statement from national medical director Professor Sir Stephen Powis who said, “The NHS is busier than it has ever been before heading into winter, with flu and norovirus numbers in hospital rising sharply—and we are still only at the start of December, so we expect pressure to increase and there is a long winter ahead of us.”

Calling for everyone who was eligible to be vaccinated he explained, “For a while there have been warnings of a ‘triple-demic’ of COVID-19, flu and RSV this winter, but with rising cases of norovirus this could fast become a ‘quad-demic’.”

The statements by NHS England and Powis point to

the terrible situation facing a health service systematically underfunded for decades, with staff run off their feet and unable to cope with demand for treatment. As noted in the NHS report, “a record number of patients were in hospital for this time of year, with an average of 96,587 hospital beds occupied each day.”

The fact that COVID continues to spread, 20 months after the World Health Organisation said in May 2023 that it was no longer a public health emergency, is an indictment of the capitalist governments internationally who had by that point already torn up every major mitigation in place against the disease.

The situation report found there were an average of 1,390 patients with COVID in hospital beds each day last week. Several hundred people are still dying of the disease every week. As seen on the banner at the National Covid Memorial Wall in London—the COVID death toll in Britain, to November 22—stands at almost 246,000.

Many more will die due to the lack of free vaccines. The only cohorts of the population now offered free vaccines are people aged 65 years and over, those in older adult care homes, and those aged six months and over in clinical risk groups. Frontline health and social care professionals, including clinical and non-clinical staff who have direct contact with patients, are also offered the flu and COVID vaccines. Otherwise people must find a private vaccine provider with costs varying from about £45 to £99.

Many thousands die each winter from flu, but the number dying from COVID has now outstripped those fatalities. The *Times* noted, “Over the past two winters, flu has killed 18,000 people, while Covid has killed 19,500.”

Despite COVID being a killer, eligibility for a

vaccine is set to be restricted even further from next autumn. The website of medical magazine *Pulse Today* reported November 14 that although the final decision would be taken by ministers, the “Joint Committee on Vaccination and Immunisation (JCVI) said both the spring and autumn COVID vaccine campaigns in 2025 should be restricted to the over-75s, residents of a care home for older adults and those six months and over who are immunosuppressed.”

*Pulse Today* added, “The committee said over the past four years, population immunity to SARS-CoV-2 had been increasing ‘due to a combination of naturally acquired immunity following recovery from infection and vaccine-derived immunity’.

“As COVID becomes an endemic disease, the JCVI has moved from a pandemic response to a standard assessment of cost effectiveness, it said.”

The JCVI “Statement on COVID-19 vaccination in 2025 and spring 2026”, published November 14, is a full-throated defence of the reactionary nostrum of “herd immunity”, declaring, “Over the last 4 years, population immunity to SARS-CoV-2 has been increasing due to a combination of naturally acquired immunity following recovery from infection and vaccine-derived immunity (this combination is termed ‘hybrid immunity’).”

In the face of thousands dying from the disease each year—and the estimated 1 million suffering from Long COVID—the update states breezily, “COVID-19 is now a relatively mild disease for most people, though it can still be unpleasant, with rates of hospitalisation and death from COVID-19 having reduced significantly since SARS-CoV-2 first emerged.”

The NHS winter situation report also found that there were a daily average of 756 patients in hospital with norovirus—the winter vomiting bug—nearly twice as many as this time last year.

Children were particularly affected by circulating diseases, with the NHS report finding that 142 children were in hospital each day with Respiratory syncytial virus (RSV). The UK Health Security Agency (UKHSA)’s COVID-19, influenza (flu), RSV and norovirus surveillance bulletin, published weekly, found in week 48 that there were increases of RSV “seen in most age groups, the highest activity was in under 5s.”

Cases of flu were “rising rapidly” among various age

groups but were the highest among children aged five to 14. Almost 17 percent of tests for flu in that age group were positive in the first week of December—up from 11.5 percent last week.

The substantial and likely further circulation of dangerous respiratory disease is overwhelming the NHS, under conditions in which the incoming Labour government has demanded it end its “begging bowl culture”.

Health Secretary Wes Streeting responded to the NHS winter report showing the need for vastly more resources to be allocated to the health service with an order to NHS workers essentially to get on with it. He stated, “We’re backing them with an extra £26 billion secured in the recent Budget and we’ve already resolved the industrial action to ensure A&Es will be strike-free for the first time in three years.”

Streeting added, “For too long, an annual winter crisis has become the norm. We will deliver long term reforms through our 10 Year Health Plan that will create a health service that will be there for all of us all year round.”

What he didn’t say was that the paltry extra funding—which does nothing to address the hundreds of billions of pounds the NHS has been deprived of going back decades—and any further funding is dependent on pro-market reforms being implemented, including the private sector making further inroads into healthcare provision, and staff increasing productivity by an initial 2 percent.

On Monday, Streeting was forced to hold “crisis talks” with NHS leaders in England, including those in charge of the largest hospital trusts. The *Guardian* reported the meeting was called amid “mounting alarm that more than 2,000 of the service’s 100,000 beds are already filled with people with Covid (1,390) or norovirus (756), another 142 occupied by children with RSV and that ambulance services are struggling to cope with the number of 999 calls they are receiving.”



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