

COVID-19: What you need to know right now

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A UConn Health mobile vaccine clinic in East Hartford. Credit: Tina Encarnacion/UConn Health photo

UConn Today sat down with Dr. Kevin Dieckhaus, chief of the Division of Infectious Diseases at UConn Health, to find out the latest

information about COVID-19, the rising omicron variant, and the latest precautions you should take.

Connecticut's positivity right is well above 20% right now. Is that the true rate of infection?

I suspect that the number of cases being counted by the state is underrepresenting the true rate of infection. We are currently seeing many people who have tested positive by home testing and who are unable to have PCR confirmatory testing done. Likewise, there are many who have compelling exposure and symptom histories that suggest that they may have COVID, but are unable to even access self-testing. In this case, with the extremely high prevalence of COVID in the community right now, their symptoms should be assumed to be COVID unless proven otherwise, and people should follow isolations guidelines as if they are known to have proven COVID.

If I have a sore throat or a runny nose should I stay home and/or self-test at home?

Right now, any symptoms like a [sore throat](#) or a [runny nose](#) should be treated like COVID until proven otherwise with testing. This means stay home and isolate until you know. It may only be a [mild illness](#), but it's important to recognize that those with even mild illness can transmit this virus to others, which is continuing to fuel transmission.

The COVID-19 rules seem to keep changing—what do we need to know right now?

They do! This is changing because we are constantly developing a better understanding of this virus as we have more experience with it. In

addition, the virus characteristics keep changing. For example, the omicron [variant](#), which is now the predominant variant in Connecticut, is much more infectious than alpha or delta; has a more rapid incubation period, which can range from zero to eight days; and may also have slightly less likelihood of causing severe disease. The most recent and updated guidelines can be found at the [CDC](#) or [state DPH website](#). Essentially, with omicron, one is most infectious from the [time period](#) two days prior to onset of illness to three days after. At this time, it is recommended to isolate for at least five days, after which the risk of transmission decreases substantially. Having a negative antigen test at day five is reassuring, with recommendations that isolation can end as long as a mask is worn through day 10. Wearing a mask from day 5-10 should reduce any chance of transmitting infection during this period. And, because Connecticut is currently a "high transmission state," it's recommended that one wear a mask in indoor settings anyway. These recommendations may not apply to [health care workers](#), who will have additional specific rules for re-entry into the workplace.

What is the best mask to use right now?

Recommendations for [masks](#) have also been updated as we understand more about the virus. Surgical masks are more effective at filtering out particles than the traditional 3-layer cloth mask. It is also important to ensure that a surgical or cloth mask is snug to one's face and eliminate gaps that can allow air to be unfiltered. KN95 or N95 masks are even more efficient, so long as they do NOT have a valve. Doubling a cloth mask is better than a single cloth mask if one does not have other options. Gaiters are less effective as a single layer. Any of these methods are better than no mask at all. Wearing a mask has now been shown to reduce one's own risk of contracting COVID as well as reducing potential transmission to others.

Can COVID tests specify variants so you know if you have omicron or delta?

Current tests do not distinguish between the two variants. The state samples a subset of all COVID tests for more extensive testing to identify COVID variants like omicron. This data is reported as a community prevalence of each variant. At this time, delta is still responsible for a significant portion of cases, with omicron increasing weekly. However, some testing platforms may show a "S gene dropout" pattern when testing for COVID which is associated with the omicron variant, but most platforms do not.

How effective are rapid tests for the omicron variant?

Rapid antigen tests are reasonably, but not perfectly, accurate in the person who is having active symptoms. The ability to identify the [omicron variant](#) may be slightly reduced, but this does not change the recommendations around testing. Rapid antigen tests are more accurate when someone is having symptoms, when there is more virus to detect. A rapid test that is done while asymptomatic or pre-symptomatic may not be sensitive enough to pick up on low viral titers that may be present at the time of developing infection. This may lead to a false negative [test](#) in the person who is infected but not yet symptomatic.

Should we get a booster shot?

Yes, once eligible. It's important to note that vaccination has a protective efficacy of about 34% for [omicron](#), but this increases to 75% with boosting. And if one does develop illness, having been vaccinated usually protects against severe complications of COVID, hospitalizations, ICU care, and death.

Provided by University of Connecticut

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