

Clearing up omicron confusion

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By now, Americans are weary of having to confront the COVID-19 pandemic, and many are confused by advice about COVID that seems inconsistent. Albert Ko, MD, the Raj and Indra Nooyi Professor at Yale School of Public Health, has been involved in the effort to contain COVID from the start, including as an expert advisor to Connecticut

Governor Ned Lamont. He offers some clarity about omicron, the newest widespread COVID variant.

This conversation is edited for brevity and clarity.

How is omicron different from the other COVID variants, and does it affect different people in different ways from the other variants?

Albert Ko: There are three ways that omicron is significantly different from what we've experienced over the pandemic. The first way is that this is much more highly transmissible than the previous COVID variants. We always thought that delta was supercharged. This may be twice as transmissible as delta. The second is that the evolving evidence is coming out that this is a variant, which is less severe, or less virulent. New data developed by Joseph Lewnard, a Yale School of Public Health Ph.D. graduate now at the University of California, Berkeley, indicate there is up to 50% less risk of being hospitalized from omicron than from delta, and that, potentially, and this is really early, the death rates are maybe 10% of what we see with delta. The third important difference is that vaccination with two doses is not as effective against omicron in preventing COVID. However, boosting with a third vaccine dose gives high levels of protection—above 80%—against the things that we care about, which are hospitalizations and deaths. The most important thing in terms of protection is to get vaccinated. If you haven't been vaccinated, get vaccinated, and if you've gotten vaccinated and are eligible for boosters, get boosters.

Experts have been saying, "Wear a good mask," throughout the pandemic, but it seems they're emphasizing that more for omicron.

Ko: Yes. The quality of [masks](#) is important and also because of the higher transmissibility of omicron. N95 masks work better than the K95. The K95 probably works better than the double masking. Double masks are going to work better than single masking with a surgical ASTM level 3 mask, and we should drop the cloth masks at this point.

There are certain other things we were told close to two years ago. Many people washed their groceries and their kitchen surfaces. Those are good things to do, but now that the list of things we should do has gotten longer and longer, are there things we can forget about from earlier?

Ko: Yes. The most important thing we've learned is that exposure to respiratory fluids is the primary mode of transmission. Exposure to contaminated surfaces does not significantly contribute to transmission so the diligent disinfection methods are something that probably can go off that table. Hand washing is still good, but the most important thing, in addition to vaccination, is the use of face masks and distancing if we want to mitigate risk.

The COVID-19 pandemic has been with us for almost two years, and people's patience is running out, whether from exhaustion or confusion about messages we have heard. How can people clear their heads and focus again on what needs to be done?

Ko: Yes, people are frustrated and patience with the COVID-19 pandemic is wearing thin. We have people who've followed the best public health practices for a long time, by wearing face masks and

practicing social distancing, and now are faced with a new variant with high transmissibility and gotten exhausted. In addition, public knowledge and public opinion are more like an oil tanker than like a speedboat and are not able to quickly turn directions. This is all complicated by uncertainty, especially about whether new variants will emerge which I fear may happen.

Yet in the face of uncertainties, there are central points that people can focus on to protect themselves and their communities. That is getting up to date with your vaccinations, getting tested rapidly if you have symptoms and benefit from oral antiviral therapy once they become available and using face masks in settings of transmission risk, such as public indoor settings, while we are still experiencing pandemic waves. We need to do a better job in learning from our past mistakes, for example declaring freedom from COVID last summer, and being prepared for unexpected events, such as new variants or the need for additional COVID vaccine boosters. There unfortunately will not be a quick victory for the COVID pandemic and public health messaging should be cautious and avoid raising false hopes.

Would we have variants to this extent, including delta and now omicron, and would we have disease to this extent if there weren't so many unvaccinated people?

Ko: Although omicron is less severe, we are witnessing a similar tragic story of avoidable deaths as we experienced during the delta wave. At this moment, we are seeing a seven-day average of more than 1,600 Americans dying each day. There is a direct link between COVID deaths and vaccination rates. If you look at other countries and within our country, [death rates](#) were 10–20 times higher during the delta wave in places where vaccination rates were low than in places like Connecticut, where our vaccination rates are high. I see our ability not to be able to

vaccinate and really share the benefits for this important public health intervention to everybody as, really, one of the major challenges of the COVID-19 pandemic.

There is talk of omicron receding relatively quickly. What do you think?

Ko: We understand better about why we go up the epidemic curve but do a poorer job understanding when and why we go down the epidemic curve. It does appear, at least here in Connecticut, that the wave has come up quickly and will go down quickly, much akin to what has happened in other countries. A good example is South Africa. Part of the reason is the high transmissibility of omicron and its ability to rapidly infect but also quickly burn out within clusters of families and contacts or social networks. My suspicion is that a big driver is also behavior. We have a heightened understanding of the risks that COVID poses during an epidemic wave, and whether it's consciously or unconsciously, we're having fewer and smaller gatherings, traveling less, and overall, reducing our social networks and thus giving [omicron](#) less of an opportunity to spread.

One big concern involves whether to keep schools open, even though many closed or went completely remote during the pandemic's first wave.

Ko: The costs are too high in keeping our children out of school. Continued cloistering of children and interruption of their schooling has profound deleterious effects on their development and education, especially for those from our most vulnerable communities. In addition, the impact is enormous for working parents who are dependent on schools as a source of childcare. I would argue that kids are safer in schools, where face mask mandates are in place and teachers are guiding

students to follow best public health practices, than when unsupervised outside of schools during this wave of community transmission. We have to protect the health of our kids whether in schools or out. The best way to do that is by promoting vaccination of eligible children, wearing [face masks](#), and providing them with safe environments.

Provided by Yale University

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