

Is omicron infection inevitable?

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Omicron, the latest SARS-CoV-2 variant, is spreading like wildfire across the country. Some experts say it is so transmissible that many people, including those who are vaccinated and boosted, are likely to get it. That is worrisome news, especially to parents of children who are not yet eligible for vaccination.

But other experts think that because the news is changing so rapidly—and because omicron overtook delta as the predominant variant in the United States so quickly—it may help to take a step back to better understand the situation.

"We are seeing lots of infections happening at a time when people are burned out on the message—they are burned out by the stress of trying to protect themselves," says Jaimie Meyer, MD, MS, a Yale Medicine infectious diseases specialist. "But vaccines and other preventive measures can still protect you—even from omicron."

These measures can stifle the spread of the disease to those who are most vulnerable, and help hospitals avoid overwhelming situations that could hurt anyone who needs health care, whether they have COVID-19 or not, she adds.

Below, Yale Medicine infectious diseases doctors explain how you can still protect yourself against omicron and why it's not a good idea to try to get infected with the variant.

Omicron appears to be mild—and may have already peaked in some spots

The variant, which was first reported in Botswana and South Africa last November, emerged so recently that scientists haven't had ample time to gather concrete information about it. But data in recent weeks has started to paint a picture of what appears to be a highly contagious, yet mild disease.

"There are many epidemiologic studies now, mostly from South Africa, the United Kingdom, and other European countries, that suggest omicron is milder than delta and the other variants," says Scott Roberts, MD, a

Yale Medicine infectious diseases specialist. He also notes that hospitalizations have not risen as much as might be expected given the high case counts. Although, "we know that hospitalization and deaths lag two to three weeks behind the caseloads," he adds.

Dr. Roberts cites [one study](#) from Hong Kong (that is still undergoing peer review) showing that omicron multiplies 70 times faster in the airway than both the delta variant and the original SARS-CoV-2 virus. But it grows 10 times more slowly in lung tissue than the other variants—several studies show omicron doesn't replicate as easily in the lungs, he says. The first finding provides a clue to why omicron is so contagious, while the second helps to explain the lower disease severity, he says.

Still, it's reasonable to limit exposure as much as possible until the omicron surge passes. And the good news—if there can be such a thing during the pandemic—is that Dr. Meyer expects omicron's surge will last just weeks, compared to months for delta. "The models are based on what's happening elsewhere in the world," she says. "It has such a dramatic rise that the peak is expected to be much shorter." In fact, experts are already pointing to signs that omicron has hit its peak in the U.S. in some places.

Vaccines can protect against severe disease, hospitalization, and death from omicron

Doctors stress that it's important to get vaccinated and get your booster. Although breakthrough infections in people who are fully vaccinated are likely to occur with omicron, vaccines are expected to protect against severe disease, hospitalization, and death, according to the CDC. In December, a public data analysis from Great Britain found that, in more than 525,000 cases analyzed, the risk of going to the hospital was 65

percent lower for people who had gotten two doses of a vaccine, and 81% lower for those who had gotten a booster.

Meanwhile, experts are exploring updating the vaccines. A World Health Organization (WHO) group of independent experts said in mid-January that the current formulas may need to be updated to protect against omicron and other variants of concern, and reduce the need for further booster doses. Pfizer-BioNTech, Moderna, and Johnson & Johnson all say they are developing booster shots to target omicron, although it isn't clear if or when those shots would be available.

You need a mask—and not just any mask

Wearing a mask continues to be a key part of any prevention strategy, but you'll want to keep up with recommendations for which mask to wear and how to wear it.

In mid-January, the Centers for Disease Control and Prevention (CDC) revised its full list of mask recommendations, providing updates that describe types of masks and respirators that can be used to prevent transmission of SARS CoV-2, the virus that causes COVID-19.

The CDC says masks and respirators can provide different levels of protection depending on the type of mask and how they are used, and recommends wearing the most protective mask you can find that fits well and that you will wear consistently.

In short, loosely woven cloth products provide the least protection, layered finely woven products offer more protection, well-fitting disposable surgical masks and KN95s offer even more protection, and well-fitting NIOSH-approved respirators (including N95s) offer the highest level of protection, according to the CDC.

While the N95 masks that health care workers use have been considered a "gold standard" for infection prevention, recommending them to the public has been a subject of debate. "An N95 must be adjusted for a tight fit so there is no air leak, and they can get uncomfortable enough that people who need to wear one for a long period may be tempted to take breaks from them," says Dr. Meyer.

Cost is another consideration for most people, and, with counterfeits on the market, so is consumer research, Dr. Meyer adds. If your choices are limited, remember that "the most important thing is that you have a covering that effectively seals your mouth and nose—and that you wear it," she adds.

Dr. Meyer says she has worn KN95 masks when she is out shopping with her family. She reuses them for a couple of days until they get dirty or the elastic band stretches out so that it no longer provides a tight seal.

It's best to take multiple precautions against omicron

It may be important to use a variety of prevention strategies while omicron is circulating in your area. "My general advice—what I'm recommending to my patients—is to resume taking precautions until this wave goes down," Dr. Roberts says. "Once things settle down, that might be a better time to resume daily activities."

This might mean taking a variety of measures, Dr. Meyer says. "We just can't rely on a single tool." Social distancing, for instance, is a strategy that people seem to pay less attention to now, but the CDC still recommends maintaining a physical distance from others of at least six feet. "The distancing is based on the flight path of a droplet that is potentially packed with the virus. It has to do with how far the droplet flies when people cough or sing or shout before it falls to the ground," Dr. Meyer says.

It can be frustrating when you can't control whether other people are practicing [social distancing](#) (or wearing masks) in stores or other public places. "So, there might be places I avoid at certain times, knowing that there won't be as many people there at a different time," Dr. Meyer says.

Should you cut back on hair salon appointments? Should you avoid the grocery store and get curbside pickup instead? "A lot has to do with your risk tolerance," Dr. Roberts says. "If I'm healthy with no medical problems, I would feel confident going out and even resuming my life." But, if you are immunocompromised—or you live with someone who is at high risk, including young children, you may want to be more cautious.

Another part of your strategy might be to stay aware of how much COVID-19 is circulating in your area. The CDC provides regular updates and you can search by state or county.

Would you know If you have omicron?

If, despite all of your prevention strategies, you get infected with COVID-19, chances are you won't know for sure if it's omicron. If you test positive, the results won't confirm which variant you have. While there have been reports starting in South Africa of omicron symptoms being different (notably with less loss of taste and smell), Dr. Roberts says many symptoms are the same as they were with delta—and they vary among patients.

The main difference is, he says, that they tend to be milder with omicron, and many patients have reported cold-like symptoms such as sore throat, nasal congestion, headache, and muscle aches. The bottom line is that if you have any of the symptoms on the CDC's list, you should get tested for COVID-19.

You can check the CDC website for the latest information on tests. If you do test positive, follow the CDC's instructions for care and quarantining.

Don't try to get omicron to build immunity

While some have suggested that most people will eventually get the coronavirus, you should do your best to avoid infection with omicron—there is no justification for deliberately getting infected so you have what you think will be a mild illness that will provide you with more immunity going forward, the doctors say. "It's a gamble people shouldn't take," Dr. Roberts says. "Yes, you'll have immunity from infection, but we don't know how long that immunity is going to last."

The sheer number of infections are still causing hospitalizations to rise, mostly in those people who are unvaccinated or who are vaccinated and have other serious diseases that can contribute to complications, the doctors say. But it's also true that healthy people can't know for sure how severe their case will be, nor can they be certain about their potential for developing long COVID, a range of symptoms that can last weeks or months after infection and can even affect people who had an asymptomatic illness, they add.

Another concern is that if you are infected with omicron, you can spread it to other people, even if you have no symptoms. "You might have omicron and go to a store and pass it along to someone who could die from it, either because they have a weak immune system or they can't get vaccinated—in some cases because they are an infant or child under the age of 5," Dr. Roberts says.

What's next after omicron?

Meanwhile, deltacron, a new COVID-19 strain that combines delta and [omicron](#), was identified in Cyprus in January. But Dr. Meyer says people shouldn't panic about deltacron or any other new variant before scientists learn more about them. "Variants will continue to form as long as there is virus circulating in the community—and they won't all be threats to the population," she says. That could go on for a while even in the best-case scenario, she adds. "I think we'll be living with this virus for a long time to come, just like we live with flu."

Still, she agrees that all of this can take a toll on some people's motivation to continue to take precautions against COVID-19. "We were running a sprint in March 2020, and it turned into a marathon—and now the finish line keeps moving," Dr. Meyer says. "It's hard to keep going."

But people do have more choices for managing their risk than they did at the beginning of the pandemic, she adds. "I come back to this idea that I can control what I do and what my family does, and I try to make choices that will keep us safe."

Provided by Yale University

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