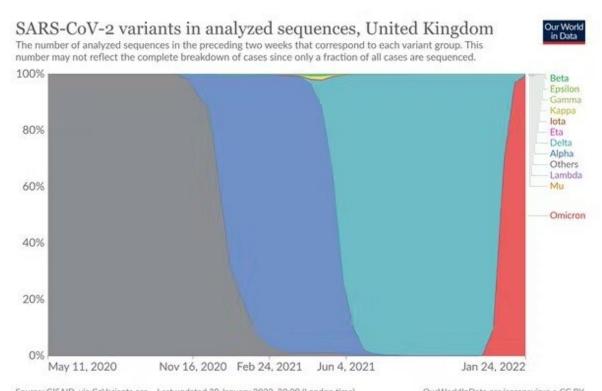


The most challenging phase of the omicron outbreak is yet to come, but NZ may be better prepared than most

February 2 2022, by Matthew Hobbs, Anna Howe, Lukas Marek



Source: GISAID, via CoVariants.org – Last updated 30 January 2022, 20:00 (London time) OurWorldInData.org/coronavirus • CC BY Note: Recently-discovered or actively-monitored variants may be overrepresented, as suspected cases of these variants are likely to be sequenced preferentially or faster than other cases.

The graph shows the rise of Omicron (red) in the UK, displacing earlier COVID-19 variants. Our World in Data, GISAID, CC BY-ND

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Within a month of the first community exposure to omicron in Aotearoa New Zealand, the variant has already become the <u>dominant strain</u> of COVID-19.

We are yet to see the rapid and steep rise in new <u>omicron</u> cases that has been predicted. This could be because of asymptomatic transmission, but it is equally likely because public health measures included in the first phase of the "<u>stamp it out strategy</u>" have been effective.

For now, managed isolation and quarantine (MIQ) at the border is successfully <u>stopping hundreds of cases</u> from entering the community. While MIQ may <u>soon change in purpose</u>, border restrictions may not lift <u>until the omicron wave passes</u>.

The country-wide return to red settings under the <u>COVID-19 protection</u> framework has bought New Zealand time to learn from experiences abroad. The most challenging phase is yet to come but New Zealand could be <u>well placed</u> to tackle it.

The best way forward is to limit widespread transmission for as long as possible. This reduces opportunities for the virus to replicate, which is when <u>mutations occur</u>, potentially extending the pandemic.

What we know about omicron

Omicron is <u>more transmissible</u> than earlier variants. New Zealand can expect a <u>rapid and steep rise</u> in infections, especially as we've already had several potential <u>superspreading events</u>.

As shown in the graph above, omicron quickly <u>replaces</u> earlier variants.

Omicron's transmission advantage <u>is thought to be</u> due to its ability to evade immunity (acquired through infection or vaccination) and quickly



infect the upper respiratory tract.

The risk of reinfection also appears higher than for delta, particularly in the <u>unvaccinated</u> and those with lower <u>viral</u> loads during previous infections.

Symptoms to watch out for

Omicron symptoms <u>include</u> a runny nose, headache, fatigue, sneezing and a <u>sore throat</u>.

However, New Zealand's high vaccination rates mean some people may not have <u>any symptoms at all</u>. The danger here is that they will still be able to pass on the virus to others, unaware they have omicron.

It is best to assume that any symptoms, especially a sore throat, are COVID-19 until proven otherwise through a test. For omicron, this may require saliva swab tests as <u>recent evidence</u> suggests they are more sensitive than nasal swabs because the viral load peaks earlier in saliva than nasal mucus.

By <u>testing and isolating</u>, we can avoid spreading it to others who may be at <u>higher risk of severe illness</u>.

Compared to delta, omicron has caused lower hospitalization and death rates in <u>many countries</u>. This may be because it reproduces in the upper <u>respiratory tract</u> instead of the lungs.

Omicron is also meeting populations with immunity acquired through previous infection or vaccination.

In New Zealand, <u>67% of eligible people</u> have now received their booster, which offers <u>high levels of protection</u> from hospitalization and death.



Boosted individuals are up to <u>92% less likely</u> to be hospitalized with omicron, compared with unvaccinated people.

Vaccination is especially important in New Zealand as we have had minimal <u>prior exposure</u> to COVID-19 in the community.

Where to from here?

Omicron is a "double-edged sword". It is vastly more transmissible but less severe. However, it is not a <u>mild infection</u> and there is <u>no guarantee</u> the next variant will be less severe.

In a poorly controlled outbreak, a small percentage of a large number of cases risks <u>overwhelming healthcare systems</u>, increasing <u>inequities</u> and disrupting <u>essential services</u>.

This should still be true even now (with the right measures)
The kicker is that with omicron, lots of HCW sickness will drop
the capacity line lower. This will be much more pronounced for
the fast red surge than the slow blue wave so in fact the red surge
is worse than modelled <u>pic.twitter.com/5hfk4uSMCt</u>

— Alex Kazemi (@KazemiAlex) January 12, 2022

Healthcare workers are already over-burdened and exhausted from previous outbreaks, which have <u>distracted</u> from other services and exacerbated <u>entrenched inequities</u>.

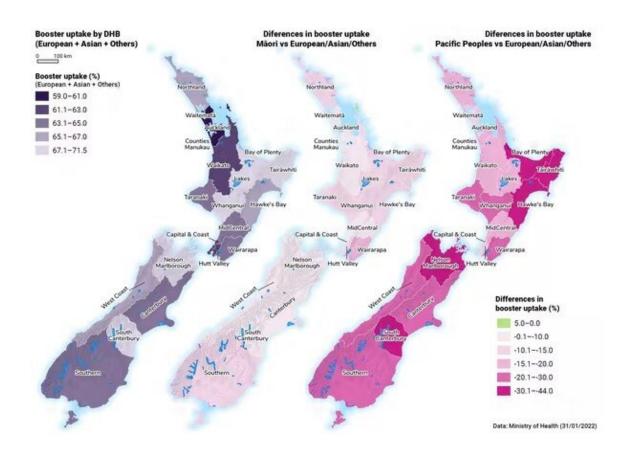
There are several things each of us can do:

- Anybody eligible should prioritize getting boosted.
- We should all continue using the COVID-19 tracer app.
- We should keep indoor spaces well ventilated by opening



windows and doors.

- <u>Mask wearing</u> remains important, especially where physical distancing is difficult.
- Anybody who feels unwell should get tested and isolate.



The geographical and ethnic difference in the uptake of booster vaccinations. Author provided, <u>CC BY-ND</u>

Vaccinating children

As children return to school, we need <u>equitable vaccinations</u> and <u>ventilation</u>.



Data out of <u>Australia</u> indicate children aged five to 11 tolerated the vaccine well, with fewer side effects than adults.

Unfortunately, our analysis, along with <u>other evidence</u>, documents a concerning trend with lower childhood vaccination rates for Māori and Pasifika, as well as large variation between regions.

This is concerning as some countries, including the <u>US</u>, have seen increases in childhood hospitalization rates for COVID-19. In the UK, one in eight pupils have missed school as COVID-related <u>absences rise</u>.

The success story of the delta outbreak

Unfortunately, there's been little time to celebrate the rather remarkable demise of delta. Even as Auckland opened up, <u>hospitalisations and case numbers dropped</u>.

Summer will have helped as people spent more time outdoors. However, <u>public health measures</u> such as border closures, managed isolation and quarantine and contact tracing have no doubt helped stamp out much of delta, allowing a <u>relatively normal</u> summer holiday period for many.

Continuing to keep delta low also means we should not have to deal with a "double epidemic".

This success may also fill us with some hope that, just perhaps, we might be able to avoid the worst of omicron during this next phase of the <u>pandemic response</u>, with <u>robust and continually refined public health measures</u> in place.

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