

What doctors want patients to know about the COVID-19 Omicron variant

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Since its discovery, the [Omicron variant](#) has demonstrated that it is more transmissible compared to other variants. The speed of the SARS-CoV-2 Omicron variant's spread throughout the world has left many patients with more questions than answers. An infectious disease specialist aims to clear up some of the confusion surrounding Omicron.

The AMA's What Doctors Want Patients to Know™ series provides physicians with a platform to share what they want patients to understand about today's health care headlines, especially throughout the COVID-19 pandemic.

In this installment, AMA member [Stephen Parodi, MD](#), an infectious disease physician, took time to discuss what patients need to know about the COVID-19 Omicron Variant. Dr. Parodi is an associate executive director at The Permanente Medical Group, a member of the [AMA Health System Program](#). He is also part of the [AMA Integrated Physician Practices Section](#).

Omicron is the dominant variant

"We got our initial best information coming out of South Africa to give us the early indications that Omicron was going to be quite contagious—more contagious than any of the other variants we've ever seen," said Dr. Parodi. That allowed the World Health Organization "to determine it was indeed a variant of concern."

"In the U.S. we had our first case detected—it seems like a long time ago and yet it wasn't that long ago—December 1st," he said. "As of January 1st, 95% of the reported cases in

the U.S. are the Omicron variant. It's in all states and is now the dominant strain."

It's a worldwide variant of concern

"The way a dominant strain is defined is that the virus is either more transmissible, more infectious, if it's more likely to cause severe disease or if it's likely to escape our immune systems—either because of prior natural infection or because of vaccination. All those things would be factors that would make it a variant of concern," said Dr. Parodi. "The biggest reason that it's a variant of concern is because of how transmissible and infectious it is."

"From the standpoint of the United States, there are a couple of reasons why it is of concern," he said. "One is that, of course, we have people who are unvaccinated still, so they remain at risk, as they did in the past from the other variants, for getting pretty sick and getting hospitalized."

"We're seeing many of our hospitals filling up with people who have a COVID-19 infection and are in an ICU or requiring mechanical ventilation," said Dr. Parodi. "But the second piece of this is that it is so transmissible that a lot of people are being infected all at once."

Everyone has been impacted

"For our health care workforce, we have a lot of people who are calling in sick, so that's making it more complicated to staff our emergency departments, our hospitals or ambulatory clinics," said Dr. Parodi. "But it also has effects on other essential services."

"There are reports of fire departments, police departments, airlines and others who are having trouble staffing as well," he added. "All those things lead us to consider this a variant of concern, but also just a societal impact that we have to address collectively."

It is more transmissible

The Omicron variant is estimated to be “one and a half to two times more transmissible than Delta,” said Dr. Parodi. “And to put it in the full context, it’s four times more transmissible than the original strains that were circulating at the beginning of the pandemic, which explains why it went from first detection to dominant strain within just four weeks in the United States.”

“We know that the time that you are around a person that has Omicron in terms of exposure to the time that you actually manifest symptoms is shorter,” he said. “Originally, it could be” five to six days or even “up to 14 days before a person might manifest symptoms after getting infected.

“That time seems to be lower, around two to three days after exposure to developing symptoms,” Dr. Parodi added.

Breakthrough infections are occurring

“There are also increased reports of breakthroughs with Omicron if you’ve been vaccinated and if you’ve been boosted,” said Dr. Parodi. “And that’s related to what we think are multiple mutations on that spike protein that allow it to escape the complete protection from the vaccines.

“But what the vaccines do seem to be very good at is still holding up against severe disease and illness, meaning hospitalization and death,” he added. “So many of the people who are vaccinated or boosted are essentially reporting either very few to no symptoms, or they’re basically saying it feels like a common cold.”

Discover [what doctors want patients to know about breakthrough COVID infections](https://patients.ama-assn.org/public-health/infectious-diseases/what-doctors-want-patients-know-about-covid-19-omicron-variant).

Past infection doesn’t mean protection

“It does appear to have more of a capability of immune escape,” said Dr. Parodi. This means “if you’ve been previously infected with a strain or variant—including the Delta variant—that doesn’t seem to be particularly protective against reinfection with Omicron.

“In fact, the UK is reporting that up to 10 to 15% of the cases they're detecting with Omicron actually are reinfections,” he added, noting that “these are people who had prior infections with other variants, and they actually are now coming down with Omicron.”

Get vaccinated and boosted

“For those people who are over it, but they haven't gotten vaccinated, Omicron is a signal that the coronavirus is not done with you yet,” said Dr. Parodi. “You do need to get that vaccination because it is clearly demonstrated that unvaccinated people are at really high risk for getting super sick and potentially dying.”

“There's a fair amount of data now to suggest that you do significantly decrease your chance of getting infected at all if you have been boosted,” he said. “And that if you do have a breakthrough infection, even with boosting, you're much less likely to be hospitalized or die from Omicron.”

“The key message with Omicron is it's still important to get the vaccines,” said Dr. Parodi. “If you haven't received a series yet, you need to, and if you're five months out from your Pfizer or Moderna mRNA vaccination, you should get a booster. And if you are two months out from the J&J shot, you should get a booster.”

The CDC, though, recommends that individuals receive an mRNA COVID-19 vaccine over Johnson & Johnson's COVID-19 vaccine.

Read about [what doctors want patients to know about COVID-19 vaccine boosters](#).

Symptoms may resemble a common cold

“Omicron appears to be causing—particularly in the vaccinated and boosted populations—less severe disease,” said Dr. Parodi. “So, if you've gotten the vaccine or a booster, the likelihood of being hospitalized is much lower.”

“Many people are reporting common cold symptoms,” he added, noting that “the data’s still emerging for the unvaccinated population, but we remain concerned that those individuals are still at high risk for getting hospitalized.”

There are long-term complications

“The other thing that maybe has gotten lost with this surge is that there are long-term effects of COVID-19 for up to 50% of people who get infected,” said Dr. Parodi. “They get long-term complications and sometimes it can be as simple as losing your smell for a while, which is not a benign thing.

“Your smell actually is important for tasting, which is important for eating, which is important for your own mental health,” he added, noting that there are also “long-term effects on the brain and on the nervous system.”

Discover [what doctors want patients to know about long COVID](#).

Effectiveness of treatments vary

“One of the newer monoclonal antibodies is effective against Omicron, but some of the older monoclonal antibodies are not as effective,” said Dr. Parodi. “A couple of the new oral medications are also effective against Omicron.

“The treatments that have just been approved by the Food and Drug Administration are largely used for ambulatory or outpatient treatment to prevent complications and to prevent hospitalizations,” he added, noting that “they are effective for those purposes.”

“A challenge with the new oral therapies is that they’re in short supply right now,” said Dr. Parodi. “The U.S. government’s doing its best to distribute the supply that we do have available, and they are allocating that to the various local health jurisdictions.”

Editor’s note: AMA President Gerald E. Harmon, MD, issued a statement 10 days after this story was published noting data showing the Omicron variant was responsible for 99%

of COVID-19 infections. Dr. Harmon lauded Food and Drug Administration officials for “following the scientific evidence and limiting the use of monoclonal antibody treatments to those that are effective against the Omicron variant. Limiting the use of these treatments will help ensure patients receive the best available therapy.”

Dr. Harmon urged physicians to reference the current National Institutes of Health COVID-19 treatment guidelines for the latest information on authorized therapies and recommendations for their use.

Choose a higher quality mask

“As tired as we are with the pandemic, we still need to realize that in order to live with it and to try to actually move on, we need to wear a mask,” said Dr. Parodi.

In terms of what type of mask to wear as Omicron continues to spread, Dr. Parodi recommends upgrading from a cloth mask to an N95. But if that is not feasible, [double masking](#) is good too.

“Back in 2020, when there was a shortage of masks overall, having a cloth mask was better than not having any mask at all,” said Dr. Parodi. “Now that we have surgical grade and isolation grade masks available, at the very least I would recommend that you use one of those.

“Those are more effective at filtering than the cloth masks, but KN95s are now available more readily and they do provide an additional level of protection,” he added.

Discover how to [clear up your patients’ confusion about which masks work best](#).

COVID-19 tests still work

“At a general level, most of the testing that’s occurring doesn’t look specifically for the type of variant that an individual’s infected with,” said Dr. Parodi. This depends on the state because “a number of states are doing active surveillance, looking for what types of variants are circulating.”

“On a population basis, physicians and physician offices as well as health care systems are submitting samples to the state,” he said. “And then the state will run a group of samples to look for the type of variant.

“That's how we're able to tell that up to 95% of the infections appear to be related to Omicron now,” Dr. Parodi added.

Find out [what doctors want patients to know about which COVID-19 test is best](https://patients.ama-assn.org/public-health/infectious-diseases/what-doctors-want-patients-know-about-covid-19-omicron-variant).

We're in this together

“Omicron is just moving so fast. That's why it feels like everything in terms of the guidance, recommendations, all of that seems to be moving really quickly,” said Dr. Parodi. “Taking time to recognize we've all had to deal with that and to be able to collectively share or commiserate about that is OK.

“Being able to have those open conversations about the impact COVID-19 has had, how we're being resilient together and how the response to each surge has been different, has been critically important,” he added.

The AMA has developed frequently-asked-questions documents on COVID-19 vaccination covering safety, allocation and distribution, administration and more. There are two FAQs, one designed to answer [patients' questions](#) (PDF), and another to address [physicians' COVID-19 vaccine questions](#) (PDF).