Omicron can kill, particularly vulnerable persons, but vaccines can save lives

» **Omicron versus influenza questions and answers**

» **Myths and facts**

Omicron versus influenza questions and answers

Although the Omicron variant of concern (VOC) is associated with milder disease than previous SARS-CoV-2 VOCs and may have symptoms similar to influenza (the flu), hospitalization due to Omicron continues to overwhelm health systems, and deaths are increasing. Due to the health emergency risks that the Omicron VOC poses, it is important to avoid the trap of confusing Omicron with the flu. Here is what we need to know:

Some doctors say that any flu symptoms should be treated as the Omicron VOC, and that the flu is no longer circulating. Is this true?

The flu is a different disease from COVID-19. Despite the similarity of some of their common symptoms, the flu is still actively circulating. The only way to confirm whether symptoms are due to COVID-19 (from the Omicron VOC or another variant) or to the flu is to get tested. Although both are treated by addressing symptoms – such as reducing the duration of the disease and bringing fever down – different treatment and isolation protocols should be considered based on the test results.

Can I get infected with the Omicron VOC more than once in a short period of time?

Emerging data from South Africa, where the Omicron VOC was first reported to WHO, suggest an increased risk of re-infection with Omicron, but more data are needed to draw firmer conclusions.

The media are calling the co-infection of the flu and COVID-19 ‘flurona’. Can WHO confirm that this is not a new disease?

WHO does not recognize ‘flurona’ as a medical term and confirms that it is not a new disease; instead, it is the co-infection with influenza and COVID-19. People are often infected with multiple diseases that circulate in the community at the same time. As more individuals are getting tested, more than one pathogen may be detected. If influenza and SARS-CoV-2 (the virus responsible for COVID-19) infect a person simultaneously, this does not mean that a new disease has emerged. In fact, cases of co-infection with influenza and COVID-19 have been documented as early as March 2020.

What happens if a person is infected by the flu and the Omicron VOC at the same time?

More evidence is required to better understand the interactions between the two viruses and if the severity of disease is higher when influenza and COVID-19 co-infect a person, especially for high-risk or older people.

Is co-infection with the flu and the Omicron VOC widespread?

Although it is possible to catch both diseases at the same time, recent studies indicate that the prevalence of co-infection with the flu and the Omicron VOC are relatively low.

If I have had my flu shot, do I also need the COVID-19 vaccine?

Yes, you need both vaccinations as the influenza vaccine does not protect against COVID-19 nor do COVID-19 vaccines protect against the flu. The most effective way to prevent severe disease, hospitalization or death from COVID-19 and from influenza is vaccination with both vaccines, as well as following public health and social measures.

How is an infection from the Omicron VOC different from the flu?

Although influenza and COVID-19 (from the Omicron VOC or another variant) may have some similar symptoms, losing your sense of taste and/or smell and shortness of breath are more frequently indicative of a COVID-19 infection.

Treatments for COVID-19 and the flu are also different. Treatment options for severe forms of COVID-19 include oxygen, corticosteroids, and interleukin-6 receptor blockers. For the flu, antiviral drugs such as oseltamivir may be used to prevent and treat influenza A and B. The use of antiviral drugs can reduce severe complications and death due to influenza and is especially important for high-risk groups.

Additionally, vaccines for COVID-19 and the flu are different, but both are important for prevention and protection from these viruses.

Is the length of the isolation period for an infection with the Omicron VOC the same as for the flu?

WHO recommends that symptomatic COVID-19 cases (from the Omicron VOC or another variant) should remain in isolation for 10 days after the start of symptoms, plus at least three additional days without symptoms (including without fever or respiratory symptoms). For asymptomatic cases, the isolation period should be 10 days from the initial positive test. As for influenza, people are most contagious during the first three days of their illness and should stay away from others at least four to five days from the onset of symptoms to avoid spreading the virus.

Are antibiotics effective in treating COVID-19?

Antibiotics are neither effective against COVID-19 (from the Omicron VOC or another variant) nor influenza. People with mild symptoms of either of these diseases can usually be treated safely at home, and do not require treatment with antibiotics. However, some patients with severe symptoms develop bacterial co-infections, which may require treatment with antibiotics, prescribed by a medical professional.

How can I protect myself against COVID-19 from the Omicron VOC and the flu?

Get vaccinated with both vaccines. It is important to note that the same prevention measures should be applied for both viruses: maintain at least one metre of distance from others, wear a well-fitted mask, avoid crowded and poorly ventilated settings, open windows and doors in rooms to allow air circulation and clean your hands frequently with soap and water or sanitizers.

With such high numbers of cases due to Omicron, are we moving toward an endemic situation?

SARS-CoV-2 is circulating now more than ever and the pandemic is not over. This virus is still evolving and Omicron is likely not the last variant of concern we will witness. With influenza, there is a seasonal pattern. This may be the case for COVID-19 one day, but not at the moment.

WHO designated Omicron as a variant of concern (VOC) due to its many mutations, leading to higher risk of transmission and possible resistance to vaccination. As the level of a variant's threat depends on how infectious it is, how well vaccines and prior COVID-19 infection protect against infection, transmission, clinical disease, and death, and how virulent it is compared to other variants, the overall threat posed by the Omicron VOC is very high.

Committed to providing societies and governments with up-to-date information as soon as available, WHO is closely working with researchers around the world to gain a better understanding of the Omicron VOC's mutations and how they may impact diagnosis, treatment, and vaccines.

WHO encourages countries to increase observation and sequencing efforts to better understand circulating COVID-19 variants and submit complete genome sequences and associated metadata to a publicly available database, such as GISAID.

WHO urges for the continued implementation of effective public health measures to reduce the spread of COVID-19 and for an evidence-informed and risk-based approach when applying travel measures in accordance with the International Health Regulations (IHR 2005).

As Omicron continues to sweep the world, so do myths and misconceptions. Stay informed with the following:

Myth: Omicron only causes mild disease.
Fact: Omicron appears to be less severe than the Delta variant, but it should not be seen as mild.

Omicron should not be dismissed as a mild virus. Although the probability of developing severe disease is lower, many will still get seriously ill. Severe cases and deaths continue to occur from Omicron infection.

Although a number of countries have shown that infection severity from Omicron in their populations has been lower when compared to Delta, this has been mostly observed in countries with high vaccination rates. Without the vaccines, many more people would likely need hospitalization. It is too early to say what impact Omicron will have on countries with lower

vaccination uptake and on the most vulnerable groups.

Myth: As Omicron is less severe, we will see fewer hospitalizations and our health systems will be able to cope.
Fact: Omicron still presents a high risk to our health systems.

The overall risk related to Omicron remains very high for a number of reasons. First, the global risk of COVID-19 remains substantially elevated overall. Second, current data indicate that Omicron has a significant growth advantage over Delta, leading to rapid spread in the community. The fast increase in cases will lead to an increase in hospitalizations, potentially causing overwhelming demands on health care systems and leading to significant morbidity, particularly in vulnerable populations.

Myth: Vaccines don’t work against Omicron.
Fact: Vaccines offer the best available protection against Omicron.

Vaccination is expected to provide important protection against severe disease and death caused by Omicron, as it does with the other variants still in circulation. In countries where vaccination rates are high, we are currently seeing low levels of hospitalization and deaths due to Omicron.

Vaccination prompts the body’s immune response to the virus, which not only protects us from the variants currently in circulation – including Omicron – but is also likely to offer protection from severe disease due to future mutations of COVID-19. Our top recommendation continues to be: Take the vaccination when it’s your turn, including a booster dose if offered.

Myth: Omicron is just like a common cold.
Fact: Omicron is far more dangerous than a common cold.

Omicron is not like a common cold because it can cause a full spectrum of disease, ranging from asymptomatic infection, mild infection, the need for hospitalization, or death. Currently, we have not seen a change in the disease profile. As the symptoms that people present with Omicron are not different from those with Delta, you will not be able to tell the difference.

The flu and COVID-19 do have common symptoms such as coughing, fatigue and fever. However, loss of sense of taste and/or smell and shortness of breath are frequent symptoms of COVID-19.

Whether suspecting the flu or Omicron, it is important to know that the same prevention measures work for both. Hand washing is particularly important, and ventilation by opening windows in crowded rooms. Wearing a mask and maintaining physical distance are essential if you cannot open the window.

Myth: Previous infection provides immunity from Omicron.
Fact: Omicron can infect people who have previously had COVID-19.

If you were previously infected with COVID-19, you should still get vaccinated, as reinfection from Omicron is possible, with the risk that you could become seriously ill, pass on the virus to others or develop Long COVID. Getting fully vaccinated, whether you have had COVID-19 or not, is the best way to protect yourself and others from severe disease, hospitalization and potentially dying from the virus.

Myth: Boosters are ineffective against severe disease from Omicron.
Fact: Booster doses are effective at increasing protection against severe disease from Omicron and all other COVID-19 variants.

The effectiveness of COVID-19 vaccines – as with many other vaccines, such as the one for flu – wanes over time, so if you are offered a booster dose, take it. This will literally boost your protection against severe disease from Omicron and other variants of COVID-19.

This advice is especially important for persons in high-risk groups – such as those over 60 years of age and people with underlying health conditions – who are most susceptible to becoming seriously ill from infection. Health care workers should also get a booster dose due to their high exposure to the virus and the danger of spreading it to the vulnerable people they care for.

Myth: Face masks are useless against Omicron as the gaps in them are larger than the virus.
Fact: Wearing masks is an effective protective measure to help reduce the infection and spread of Omicron.

Based on the evidence we have so far, all preventive measures that work against the Delta variant continue to be effective against Omicron – and this certainly includes mask wearing. Omicron is moving so quickly that, in addition to vaccination, all other preventive measures (wearing a mask; cleaning hands; physical distancing; avoiding closed, confined or crowded

spaces; coughing or sneezing into a bent elbow or tissue; and ensuring good ventilation) are needed to curb the wave of infection and protect health workers and systems.

Myth: Current tests and diagnostics do not recognize Omicron.
Fact: Our existing diagnostics work, both PCR and antigen-based rapid tests.

We have been evaluating all the tests being used to detect Omicron, particularly the EUL-approved, as well as others that are being used around the world. The diagnostic accuracy of routinely used PCR and antigen-detection rapid diagnostic tests (Ag-RDT) does not appear to be impacted by Omicron.

Myth: With Omicron being less severe, we are nearing the end of the pandemic.
Fact: The end of the pandemic is not yet in sight.

The overall risk related to Omicron is very high. Globally and regionally, COVID-19 case surges have been increasing, largely driven by Omicron. The prevalence of the Delta variant continues to decline, and very low circulation levels of the Alpha, Beta and Gamma variants are observed.

Omicron is unlikely to be the last variant of concern. We are still very much in the middle of the pandemic. Our priority is saving lives using all available tools. Even if the virus is to become endemic, it doesn’t mean that it stops being dangerous or disruptive.

Ending the pandemic requires us to reach significantly higher levels of vaccination in key target groups in the Region and beyond. This is as much about vaccine equity between countries as within countries, and it must ensure that all vulnerable individuals and health care workers are vaccinated as a priority.

Additionally, misinformation and disinformation fuel mistrust, which places health, and even lives, at risk; undermines trust in science, institutions, and health systems; and hinders the response to the pandemic. Whenever misinformation and disinformation clash with evidence-based science, yet another person is impeded from taking the right decisions to protect their health.

It is important to remember that the actions we take this year will determine how quickly we can end the acute phase of this pandemic and how prepared we will be for future health emergencies. Societies and governments must reflect on what to do differently, and what to stop doing altogether.

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