

## - Variation (Biology) / Virus

**Omicron: Are we putting it mildly?**

Is Omicron really a “mild” variant of Covid-19? Or just “milder”? Keith Lynch attempts to quantify the risk it poses.

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For most people, Associate Health Minister Ayesha Verrall said, Omicron would be a mild to moderate illness.



Prime Minister Jacinda Ardern said very much the same last Sunday, announcing the red traffic light setting: “. . . because of vaccinations for most people it will be a mild to moderate illness that you can manage at home”.

There’s a single word that keeps popping up when people talk about Omicron – “mild”. If you ran an Omicron branding focus group (“break into teams and pick a word to describe the virus”), it’d certainly appear. Just like Volvos are “safe”, Omicron is thought of as “mild”.

Google “Omicron and mild” and you’ll see more than 1 million results. The headlines include: “Is Omicron really mild?” “How Mild is Omicron, really?” “Omicron severity: milder but not mild”. There are countless social media threads where users scold others for suggesting Omicron is “mild”.

Once the “m word” was a docile, forgetful adjective typically used to describe Auckland winters or the meal you ordered on Saturday night.

Now, it’s very much embedded in our Covid-19 discourse. As The Atlantic reported in December: “Medically, the term mild originated as an academic catchall for all SarsCOV-2 infections not severe enough to get someone admitted to a hospital.”

The word “mild” has become highly contentious, even politicised. It has been used as a catch cry by those who want to drop all public health restrictions. “Omicron is the common cold!” essentially implies “why are we bot... ering with these masks?”

On the other hand, some public health professionals have overplayed Omicron’s severity – seemingly ignoring evidence that it’s much less dangerous than Delta.

What’s more, the word “mild” is somewhat subjective. Merriam Webster defines it very simply: “not severe”. It is clearly ridiculous to tell the family of a person who died or ended up in ICU with Omicron that the virus is “not severe”.

Tell a nurse in a month from now that Omicron is “not severe” and see what the reaction is. (Don’t do this in real life. I’m just making a point.)

But at the same time, it’s somewhat inane (and arguably counterproductive) to tell a healthy triple-vaccinated 20-something that Omicron presents a severe threat to their life.

Context also matters when it comes to how we think about “mildness”. A person in Ireland may well look at the Omicron outbreak as relatively mild. Of the 6000 or so people who have died during the pandemic there, relatively few have been during the recent wave.

But only 50 New Zealanders have died with the coronavirus. It’s very likely a greater number will pass away in the months ahead. Therefore, it’s certainly understandable many New Zealanders won’t see Omicron as mild – even though Aotearoa’s death rates will simply never be comparable to the likes of Ireland, the US and the UK.

This “mildness” conundrum is partly why Omicron is so disorientating.

Think of it this way: you’re fully vaccinated and there are two rooms. In one of the rooms is an infectious person with the Delta variant and in the other is a person shedding Omicron. You have to go into one of the rooms. Which one?

Covid modeller Professor Michael Plank outlined this example to me to understand the dizzying risk Omicron poses. He felt he’d rather go into the room with Delta. He’s less likely to walk out with a Covid infection.

But if he’s guaranteed to be infected, he’d rather leave with Omicron.

We’ll stick with individual risk for a moment, something that’s far from straightforward.

A range of factors, from gender to comorbidities, impact on how likely someone is to get very ill with Covid.

And when there are hundreds of thousands of cases all at once, some people who are statistically unlikely to get very sick – that is likely to have a “mild” illness – just get really unlucky. Toss a coin often enough, and eventually it’ll land on its edge. Two variables dominate though: age and vaccination status. The older you are, the more likely you are to face serious outcomes from Covid-19. And vaccines make you significantly less likely to get seriously ill.

For example, in a social media post, Professor Paul Glasziou, of Bond University in Australia, suggested the chances of dying from Omicron for someone who has had at least two doses are probably similar to the flu. Some reporting suggests the risk to the boosted is actually even less.

Can you give me some hard numbers?

We’ll do our best, but it is early days.

The data in this story is being used to get a read on what Omicron’s impacts could look like on a population level. Therefore, it’s best to think of the hospitalisation rates as illustrative – they certainly don’t account for your, or a specific group’s, individual risk. The numbers are also based on international inputs that may well change. We don’t have New Zealand-specific data yet.

To offer up the range of scenarios on how Omicron could affect New Zealand, Covid modellers need to get a read on how severe Omicron is to both the vaccinated and unvaccinated.

Severity was easier to account for when the original variant, which is called wildtype, started spreading in 2020.

There was Covid and there were people. There was no immunity.

Today, getting a complete read on severity is much trickier.

Given what we’ve seen overseas, Plank estimates when it comes to hospitalisations,

Omicron poses about threequarters the risk that the wildtype variant posed in 2020 – assuming someone gets infected.

Yep, this means Omicron is intrinsically less dangerous (after infection) than the first variant but not by that much.

You probably recall that early 2020 wasn’t very pleasant. You might recall hundreds of people dying daily in Italy and the UK. You probably didn’t think that variant was all that mild.

If Omicron had spread through NZ in March 2020 via five million immunologically naive people it would not be mild. It would be a disaster.

The only reason Omicron can credibly be described as “mild” is because of the vaccines. Incredibly successful inoculation programmes are why Ireland, Denmark and the UK have been able to lift all Covid restrictions.

Above, in the table, you can see an approximation of risk in different age groups, based on data provided by Plank. We’ve compared Delta to Omicron and you can see the difference the vaccines make. The vaccine effectiveness is

sourced from UK data. There's a temporal aspect to this – if you had your second dose six months ago you may be less protected against hospitalisation than someone who had it recently. (We may also be underestimating how good two doses is at preventing hospitalisation.)

Just to be clear, what you can see in the table is the risk of hospitalisation if a person is exposed to the virus. If you are infected, the risk of hospitalisation goes up slightly, but it's still very low in most boosted age groups.

But there's certainly still a risk, particularly to the elderly, which is why boosting this age group is of utmost importance.

It's not all about individuals though, is it?

Yes. You are right. Let's go back to Glasziou's comparison to the flu again. The problem with