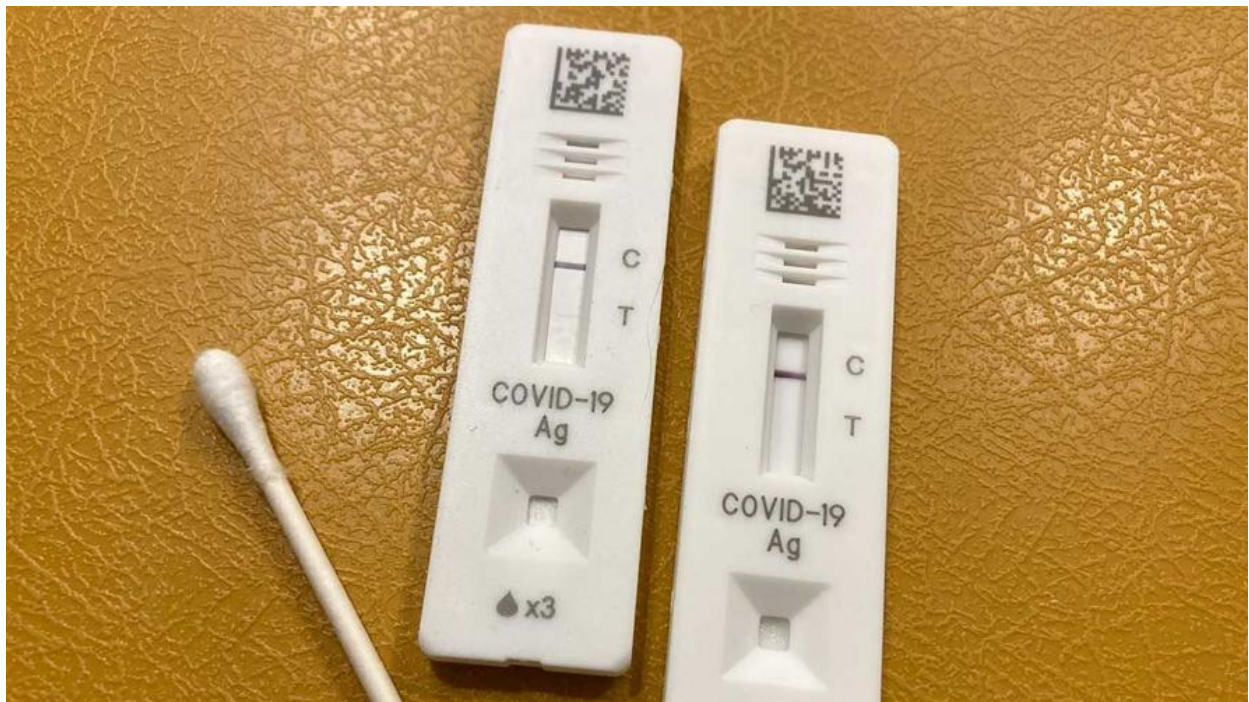


***Iowa Farmer Today***

# New COVID-19 variant requires all the tools we have

By Steph Leonard

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Rapid antigen tests available at local pharmacies use self-administered procedures and provide same-day results.

Photo by Zoe Martin

**T**he numbers are in, and they're not good.

As I'm writing Dec. 28, headlines announce new records: The highest number of new COVID infections reported in the U.S. in a day — more than 543,000 people, a walloping 200,000-plus more cases than the single-day record last January — and the highest ever seven-day rolling average, more than 267,000.

Two years in, we're now at more than 53 million cases and more than 818,000 COVID deaths in the U.S. Let that sink in.

The pandemic wildfire hasn't burned this fast in the U.S. since the dark days of COVID a year ago, when daily new infections exceeded one-quarter-million people.

We're on course to blow way past last January, given the Omicron variant with its super- charged capacity for contagion. Confirmed in the U.S. on Dec. 1, it's now the predominant strain among new cases, while Delta variant, with its capacity for causing severe disease, continues to circulate.

Despite this new chapter in the pandemic, many people I talk to aren't following the data, local trends or emerging information. Two years in, they've hit mental fatigue and are tired of trying to navigate risks.

That's somewhat understandable, since who isn't tired of this and wishing it were over? But “wishin' and hopin',” if that's all you're doing, is like holding the door open for Omicron.

So, what do we focus on, to recalibrate our risk assessment, decisions and behaviors?

- Omicron is fast. It looks to have a shorter incubation time — about three days — from exposure to infection, contagion and positive testing, compared to four to six days for Delta and original variants. Omicron’s speed at replication makes it harder to catch and test in time to prevent infected people from passing the virus along. Because of this, we need to anticipate and expect potential infections and test at the right time.
- Omicron can infect pretty much anyone, including people who are vaccinated and people who already have contracted coronavirus. There’s no guarantee of immunity against Omicron.
- Vaccination status makes a dramatic difference in outcomes. CDC data from April 2021 (when vaccines became available to all adults) to present indicate that unvaccinated people have a five-times higher risk of testing positive for COVID-19 and a 14-times higher risk of dying of COVID than vaccinated people.

And breaking it down further to booster dose status, unvaccinated people have a 10-times higher risk of infection and a 20-times higher risk of dying of COVID than those fully vaccinated and boosted. Vaccines do what they were intended to do — prevent severe disease and death.

A special note to Iowa and Missouri: We’re vaccination laggards. Not even 70% of our 5 and older population have gotten first doses. Our neighbors in the horseshoe of surrounding states — Kansas, Nebraska, South Dakota, Minnesota, Wisconsin and Illinois — are in the 70%-plus range, even pushing 80% vaccinated. We can do better. It’s not too late to get vaccinated and boosted. Whether or not you’ve already had COVID, vaccination layers on protection so your body is primed to fight the virus faster and more effectively.

- Masks work in suppressing transmission. We should wear them whenever we’re indoors with people from other than our own household, regardless of vaccination status.

One key reminder, a “gappy” mask is a crappy mask. Masks that don’t fit flush, even if they tout higher filtration (e.g., N95 or KN95), let unfiltered air leak inside and won’t protect you.

- Testing informs contagion risk. We should get tested at the right times and repeatedly if there’s a known or suspected exposure. Rapid antigen tests are most effective and useful when they’re used in series. Test at symptom onset or around the third day after exposure, and again a couple of days later if the first test turns out negative (which is possible if the initial test is conducted too soon).

It’s not yet clear how long people with Omicron remain infectious. Public health experts are speaking up now to recommend rapid antigen testing to determine the safe time to come out of quarantine or isolation. In other words, after a recommended isolation or quarantine period, test to assure that infection is negative before leaving quarantine so that you don’t continue to seed the virus.

Rapid antigen tests available at local pharmacies use self-administered procedures and provide same-day results. (Local availability may be limited with high demand.)

In Iowa, free PCR saliva test kits can be picked up and shipped back or dropped off at many locations through Test Iowa. A drawback is the several-day wait for results, as these kits are analyzed at the state hygienic laboratory. Since results are not immediately available, people should quarantine while awaiting results.

- Local infection data can inform decisions on events, gatherings or travel. Checking local infection rates is like checking the forecast or road reports before you make plans. Current infection and vaccination data is available at the county level showing whether infection rates are on the rise or decline, what local test positivity rates are (higher test positivity suggests higher

infection rates are occurring and there are people in the community not yet tested), and what proportion of people are vaccinated.

Two sites with searchable daily county data are the New York Times at [nyti.ms/3JqIKiq](https://www.nytimes.com/interactive/2022/01/03/us/covid-19-county-data.html) and the CDC at [bit.ly/3FG9noy](https://www.cdc.gov/covid19/covid19-county-data.html).

- Crowds and close spaces remain a substantial risk. Pushing people inside with little or insufficient ventilation to dilute expelled virus particles means crowds and close spaces are excellent scenarios to find Omicron — or for it to find you. Mask up and limit your time in these situations.

Protecting vulnerable people is still a priority. These are the people over 65, the age group hit hardest with COVID deaths (three-fourths of U.S. COVID deaths were among those over 65; over 1 in 100 over-65 Americans have died of COVID); people with chronic health issues affecting the respiratory and immune systems who are still at higher risk for severe COVID, even if vaccinated; and people who are unvaccinated (including the very young and others who are unable to be vaccinated) who now comprise the majority of hospitalized COVID patients.

We do have tools that will help manage Omicron. None of them is a silver bullet, but leveraging them will make a difference in individual risk and local community protection, and in mitigating worst outcomes instead of holding the door open for Omicron to wreak havoc.

Stay well.

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