



Omicron Is Far From 'Mild,' Experts Say

— Framing the variant as such overlooks the realities of a serious crisis

by [Sophie Putka](#), Enterprise & Investigative Writer, MedPage Today

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Experts have said that describing the Omicron variant as "mild" ignores the harsh realities of a pandemic that's far from over: more people than ever in the hospital, sick children, other health conditions made worse by COVID-19, and staff shortages.

And although the odds of long hospital stays and death [are lower with Omicron](#) on an individual scale, numbers suggest that Omicron is, in fact, serious on a population level.

"What's mild about hospitals at or near the breaking point? What's mild about hundreds of healthcare workers per hospital out ill with COVID-19? What's mild about 1.3 million cases in the U.S. just yesterday? What's mild about the rising titer of burnout? What's mild about an unprecedented number of children now ill and hospitalized with COVID-19?" Clyde Yancy, MD, chief of cardiology at Northwestern University's Feinberg School of Medicine in Chicago, wrote in an email to *MedPage Today*.

"I think prudence would suggest that we reframe 'mild' and think more about 'self-limited,'" he added. "We are likely at or near a plateau but how long will it last and how much more agony awaits?"

More Hospitalizations

Last week, a record number of [Americans were hospitalized](#). "When there are many more people sick in large numbers -- in millions -- even if it's a smaller percentage that's going to be severely sick, that is going to result in large numbers in the hospitals," said Biykem Bozkurt, MD, PhD, a cardiologist at Baylor College of Medicine in Houston.

While Omicron is more serious in the unvaccinated, vaccinated patients aren't safe, either. [Early data](#) suggest Omicron is better at [immune escape](#) than its predecessors. Reinfection is [more than five times higher](#) with Omicron than the Delta variant.

"Individuals who have breakthroughs after being vaccinated, including the elderly who have comorbid heart disease, are now flooding our emergency departments with decompensated cardiovascular diagnoses and a positive coronavirus test," said



Less Protected Groups

On top of a breakdown in healthcare systems that's been thrown into high relief, vulnerable and overlooked populations are being affected by Omicron like never before.

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[Pediatric hospitalizations](#) reached a peak on Friday, [according to HHS data](#), and children ages 5 and younger are still ineligible for vaccination. Over 1,000 children have died from COVID [by the CDC's numbers](#), including 359 under age 5.

Moreover, patients on immunosuppressive medications may be less protected by the vaccines. "The labeling of the Omicron infection as 'mild' overlooks the important features and the messaging to the public," rheumatologist Vaidehi Chowdhary, MBBS, MD, DM, of Yale School of Medicine in New Haven, Connecticut, wrote in an email to *MedPage Today*.

"Some patients who are on strong immunosuppressive medications do not have adequate vaccine titers and remain vulnerable," she said, pointing out that there's a shortage of monoclonal antibodies and antivirals, which means that this group must take extra precautions to ensure they aren't infected in the first place.

The impacts of Omicron specifically on the immunosuppressed are not yet known, nor are the effects on people living with long COVID, Chowdhary noted. "For immunosuppressed patients, to minimize infections, many in-person appointments have been converted to telehealth or elective procedures deferred. The impact of these practices and their impact on overall patient health are not known."

People living with disabilities and chronic illnesses face many similar challenges as they have throughout the pandemic -- the possibility of a more severe infection, care delayed and [services interrupted](#), and, in many cases, more barriers to testing and vaccination.



of the extra healthcare costs that are already a part of their lives. Groups like the [COVID-19 Working Group of New York](#) have called for a number of changes in health policy to address these problems.

Then there are those whose primary diagnosis, chronic or not, is not COVID, but whose infection has [exacerbated their condition](#). Omicron could be the thing that tips them over the edge, or that keeps them in the hospital for longer, experts have said.

Benjamin Weston, MD, MPH, associate professor in the department of emergency medicine at the Medical College of Wisconsin, described a number of examples in an email to *MedPage Today*: a patient with a previous stroke falls in the hospital as a result of weakness from a COVID infection and can't be sent home. A patient with blood clots whose COVID leads to a more serious blood clot in the lungs. "Or in the extreme example, but not that uncommon in my ED, the gunshot wound who also is COVID positive, and after being fixed up in the operating room has complications and a longer healing period than someone without COVID," Weston said.

Staff Shortages

Recent reports have shown hospital systems being pushed to their limit, with staff shortages in close to [20% of U.S. hospitals](#).

While healthcare workers may have rallied to push through during the first waves of the pandemic, by many accounts they've now reached the point of collapse, with many of them falling too ill to work. Those remaining must tend to more patients than they can handle.

My hospital has been "completely full, with a huge number of individuals with COVID-19," Januzzi noted. "So, we're really at a breaking point where staff are getting sick. Patients and physicians alike are exhausted ... the hope would be that we can get through this time and get to the other side of this."

[Sophie Putka](#) is an enterprise and investigative writer for MedPage Today. Her work has appeared in the Wall Street Journal, Discover, Business Insider, Inverse, Cannabis Wire, and more. She joined MedPage Today in August of 2021. Follow 
