

 Rapid response to:

Seven days in medicine: 29 Dec 2021 to 4 Jan 2022

BMJ 2022 ; 376 doi: <https://doi.org/10.1136/bmj.n3145> (Published 06 January 2022)

Cite this as: *BMJ* 2022;376:n3145

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Rapid Response:

Are we now faced with covid-21?

Dear Editor

The omicron variant of SARS-CoV-2, B.1.1.529, shows different signs from its predecessors [1]. Rather than targeting the lungs, this variant affects the nasopharynx and its symptoms are milder [2]. However, it is highly transmissible [3]. It may be helpful to regard this as a new virus, causing a different illness; accepted protocols - like physical separation and wearing facemasks - are not applicable to a virus as infectious as measles [4]. Everyone is liable to contract this transmissible virus, so precautions introduced previously are no longer appropriate.

The coronaviruses that cause common colds include types that may once have been highly pathogenic [5]. This state change towards raised transmissibility combined with lowered pathogenicity may be an evolutionary imperative ensuring the survival of the virus. If so, the new variant will give rise sporadic outbreaks manageable in the same way as we currently tackle colds and mild 'flu. We should rethink our priorities, and radically revise our protocols; covid-19 is no longer the problem. This is something new.

1. <https://www.kcl.ac.uk/news/six-distinct-types-of-covid-19-identified>

2. <https://doi.org/10.1136/bmj.n3144>

3. <https://doi.org/10.1136/bmj.n2943>

4. <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-omicron-variant>

5. <https://doi.org/10.1016/j.cub.2021.05.067>

Competing interests: No competing interests

10 January 2022

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