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Covid-19 reinfection in Omicron patients 'unlikely at present'

Experts say vaccines remain key to reducing risk of severe illness, death

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The chances of someone who had the Omicron variant of Covid-19 getting reinfected with the disease are quite slim at present, experts told The Sunday Times.

They also said Covid-19 reinfection in someone who had Omicron is less likely than in someone who had another, earlier variant, and that time is an important factor in determining reinfection risk.

But either way, vaccines remain key to reducing the risk of severe illness and death, they said.

Associate Professor Hsu Li Yang, vice-dean of global health at the National University of Singapore's (NUS) Saw Swee Hock School of Public Health, also said that the risk of getting reinfected with the BA.2 sub-variant – one of the two major Omicron sub-variants – is extremely low at the moment.

"The Omicron variant has been in Singapore for only a few months, so anyone here would at most have been infected with Omicron only two to three months ago. The risk of a Covid-19 reinfection within six months is generally extremely low," he explained.

The risk of getting reinfected by the same strain of Omicron is also likely to be negligible within the first year, said Prof Hsu, but he cautioned that there is currently not enough evidence to be sure of this.

Professor Dale Fisher, a senior consultant at National University Hospital's Division of Infectious Diseases, said recent studies have shown that Covid-19 reinfection in patients who had Omicron is uncommon within the first two months of recovery.

But the risk does rise in the case of someone who previously had another strain of the coronavirus and is now exposed to Omicron.

Prof Hsu said this is because newer variants are less vulnerable to the antibodies produced against prior variants.

In general, the likelihood of reinfection rises over time as a person's level of protective antibodies will fall as time passes, he added.

Prof Fisher said: "The Omicron variant does show some immune escape whether from vaccines or from prior infection with a different variant."

Professor Paul Tambyah, deputy director of the Infectious Diseases Translational Research Programme at NUS' Yong Loo Lin School of Medicine, said data from Britain has shown a "small but real" risk of reinfection in a minority of patients. But he added that the risk is "very unlikely – about the same likelihood that someone can get chicken pox twice".

Both he and Prof Fisher said it is unlikely at the moment that someone who had Omicron will get reinfected with another variant.

"Omicron is so transmissible it is the dominant variant globally now, so being infected by another variant is unlikely at the moment. It's also difficult to imagine Omicron being replaced," said Prof Fisher.

But he added that it is possible for Omicron to mutate into another form that evades the immunity provided by today's version of Omicron.

Prof Hsu said: "I have no doubt that people infected with Omicron will eventually be susceptible to infection by newer variants in the future – this is consistent with what we have seen to date, and also with what has been shown for other human coronaviruses."

Prof Tambyah pointed out, however, that Omicron has evolved to not produce very severe illness in people. "(Omicron has) become well adapted to humans, not making us sick enough to stop us from going to work or to the gym, (so) it will most likely help provide broad protection against other variants, including future ones that are even milder and more transmissible."

He explained that the milder the virus, the more likely people are to go out and be exposed to others who could infect them with different strains of the virus. If they are infected, they could become immune to the new strains without developing severe illness.

So in such cases, even though Omicron may not necessarily protect against reinfection, it will help in guarding against serious illness from Covid-19.

And although Omicron has been able to infect people despite them being vaccinated, the experts all agreed that vaccines continue to be effective against severe disease and death. "Deaths have probably been reduced eight- to tenfold when compared with unvaccinated or partially vaccinated persons," said Prof Hsu.

Prof Fisher said: "The most important point is the effectiveness against severe disease. And this fortunately has been a constant so far. If the vaccines and boosters lose their effectiveness against severe disease, we would have a concern, but so far the primary disease and reinfections are mild in the vast majority of those vaccinated."

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