

Canada's Top Doctor Recommends Getting Boosted as the 'Kraken'

Omicron Subvariant Spreads

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Last Friday, Canada's Chief Public Health Officer Dr. Theresa Tam provided an update on the latest data about COVID-19, influenza (the flu), and RSV across the country, shared the prevalence of the new Omicron subvariant, and urged everyone to get boosted ([source](#)).

This article will share a shortened version of her update and describe the new Omicron subvariant that is unofficially nicknamed "the Kraken." Click [here](#) to read the full statement.

According to Dr. Tam, the latest data shows that COVID-19 rates continue to rise and fall across the country ([source](#)). Meanwhile, rates of both the flu and RSV have settled into what was expected for this time of year ([source](#)). This is great news for our healthcare system, but it is still recovering from the strain that these viruses put on it ([source](#)). So, we should still do what we can to avoid putting additional pressure on it by preventing severe illness ([source](#)).

Canada's National Advisory Committee on Immunization (NACI) recently reminded us that booster doses of COVID-19 vaccine are an effective tool to reduce the risk of severe illness and death ([source](#)). Dr. Tam said, "If a fall booster was recommended for you, and you haven't got it yet, now is a good time to get a bivalent booster" ([source](#)).

Dr. Tam also shared that national and international data shows an increase in the XBB.1.5 variant ([source](#)).

Why This Omicron Subvariant is Called 'Kraken'

This subvariant was nicknamed 'Kraken' by Canadian evolutionary biologist Ryan Gregory ([source](#)). Although the monster is fictional, the widespread Omicron subvariant is very much real. He believes that nicknaming variants makes it easier for the general public to tell them apart and keep paying attention ([source](#)).

He also critiques that the current scientific naming system is difficult to understand by the general public ([source](#)). "It's easier if they have a more recognizable name than just an alphabet soup," he said ([source](#)).

The Omicron subvariant BA.2.75 seemed to get more attention after an online post dubbed it Centaurus, which suggests that a catchy name could better inform the public ([source](#)).

By using the names of mythical creatures, we can avoid naming variants after countries, which can promote racism and xenophobia ([source](#)). However, throughout the pandemic, researchers have fought back against giving too much attention and fearful names to “scariants,” which could make people panic before scientists know more about the virus’s new forms ([source](#)).

What We Know About This Subvariant So Far

This subvariant is likely what’s driving the increase of COVID-19 cases around the world. According to the World Health Organization (WHO), “although data on XBB.1.5 are still very limited, currently available information indicates that XBB.1.5 has a growth advantage compared to other circulating Omicron sublineages and may therefore contribute to an increase in cases globally” ([source](#)).

As I mentioned before, this Omicron subvariant is on the rise in Canada, but there is no surge of COVID-19 cases within the country ([source](#)). In Canada, it circulated at 2.5% during the week of Dec. 25 to Jan. 2 ([source](#)). This number was projected to rise to approximately 7% in Canada by mid-January ([source](#)). Its presence in Canada is expected to continue to grow, but we don’t know if it will become the dominant Omicron lineage ([source](#)).

The WHO stated that “XBB.1.5 is shown to be equally immune evasive as XBB.1, the Omicron subvariant with the highest immune escape to date” ([source](#)). In other words, this subvariant can still infect those with immunity from other strains of COVID-19. However, there is no evidence that this subvariant causes more severe illness than other new variants and subvariants ([source](#)).

How to Protect Yourself from This Subvariant

Yesterday, Dr. Kieran Moore released a statement about this subvariant that said:

“As always, Ontarians are advised to stay home when they feel sick, wash their hands often, cover their mouths when they cough or sneeze and to wear a mask in crowded indoor public spaces, especially those at higher risk.

We have the tools we need to reduce the spread of respiratory illness in our communities, and I am grateful to Ontarians for continuing to utilize them. These important choices help preserve our hospital capacity to ensure care is always available for those who need it.

Thank you again for continuing to protect yourself, your family, and your community” ([source](#)).

On 13 January 2023, the WHO updated its guidelines on mask wearing in community settings ([source](#)). Before this announcement, recommendations made by the WHO were based on the COVID-19 situation in specific areas; however, considering how much COVID-19 is spreading throughout the world, the WHO recommends that everyone wearing

masks in these specific situations, regardless of the COVID-19 landscape where you live ([source](#)).

The WHO recommends that people wear masks:

- after a recent exposure to COVID-19,
- when someone has or suspects they have COVID-19,
- when someone is at high-risk of severe COVID-19,
- and for anyone in a crowded, enclosed, or poorly ventilated space ([source](#)).

In terms of COVID-19 treatments, the WHO strongly recommends using Paxlovid for patients who are at high risk of hospitalization and have mild or moderate COVID-19 ([source](#)). Click [here](#) to learn more about Paxlovid and how you can access it at a pharmacy.

Pregnant or breastfeeding women with non-severe COVID-19 should consult with their doctor to determine whether they should take this drug, due to ‘likely benefits’ and a lack of adverse events having been reported ([source](#)).

Dr. Moore also stated, “I continue to strongly recommend that everyone stays up to date with their vaccinations as it remains our best defence against COVID-19 and its variants, especially for those at increased risk of severe infection and for anyone who has not received a booster or been infected in the past six months” ([source](#)). Click [here](#) to read his full statement.

Final Thoughts

In 2022, the Omicron variant led to the highest numbers of infections ever seen in Canada ([source](#)). Fortunately, over time there has been a general trend toward decreased severe outcomes, including critical care admissions and deaths among hospitalized patients ([source](#)).

This may reflect people becoming more immune to COVID-19 through vaccines, boosters, and previous infections ([source](#)). Other possible causes are the types of people who are getting infected, such as younger people, and changes in circulating strains ([source](#)).

In her announcement, Dr. Tam said, “Like the winter weather – it can be difficult to predict exactly what we are going to see next but we do know it’s too early to put away your winter coats and boots. Similarly, it’s still too early to stop taking the personal protective measures that have helped us weather the COVID storm” ([source](#)).

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If you think you may be experiencing symptoms of COVID-19, take the self-assessment at www.ontario.ca/coronavirus. Follow all directions from your medical provider or your local health unit at the following phone numbers:

Health Connect Ontario: 811

Telehealth Ontario: 1-866-797-0000

Toronto Public Health: 416-338-7600

Peel Public Health: 905-799-7700

Durham Region Health Department: 905-668-7711

York Region Public Health: 1-877-464-9675