Emergency or Not, COVID Is Still Killing People. Here's What Doctors Advise to Stay Safe.

COVID, flu and RSV vaccines reduce the risk of serious respiratory illness—and it's not too late to get them.

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With around 20,000 people dying of COVID in the United States since the start of October, and tens of thousands more abroad, the COVID pandemic clearly isn't over. However, the crisis response is, since the World Health Organization and the Biden administration ended their declared health emergencies last year.

Let's not confuse the terms "pandemic" and "emergency." As Abraar Karan, an infectious disease physician and researcher at Stanford University, said, "The pandemic is over until you are scrunched in bed, feeling terrible."

Pandemics are defined by neither time nor severity, but rather by large numbers of ongoing infections worldwide. Emergencies are acute and declared to trigger an urgent response. Ending the official emergency shifted the responsibility for curbing COVID from leaders to the public. In the United States, it meant, for example, that the government largely stopped covering the cost of covid tests and vaccines.

But the virus is still infecting people; indeed, it is surging right now.

With changes in the nature of the pandemic and the response, KFF Health News spoke with doctors and researchers about how to best handle covid, influenza, and other respiratory ailments spreading this season.

A holiday wave of sickness has ensued as expected. COVID infections have escalated nationwide in the past few weeks, with analyses of virus traces in wastewater suggesting infection rates as high as last year's. More than 73,000 people died of COVID in the U.S. in 2023, meaning the virus remains deadlier than car accidents and influenza. Still, compared with last year's seasonal surge, this winter's wave of COVID hospitalizations has been lower and death rates less than half.

"We're seeing outbreaks in homeless shelters and in nursing homes, but hospitals aren't

overwhelmed like they have been in the past," said Salvador Sandoval, a doctor and health officer at the Merced County public health department in California. He attributes that welcome fact to vaccination, COVID treatments like Paxlovid, and a degree of immunity from prior infections.

While a new coronavirus variant, JN.1, has spread around the world, the current vaccines and COVID tests remain effective.

Other seasonal illnesses are surging, too, but rates are consistent with those of previous years. Between 9,400 and 28,000 people died from influenza from October 1 to January 6, estimates the Centers for Disease Control and Prevention, and millions felt so ill from the flu that they sought medical care. Cases of pneumonia — a serious condition marked by inflamed lungs that can be triggered by the flu, covid, or other infections — also predictably rose as winter set in. Researchers are now less concerned about flare-ups of pneumonia in China, Denmark, and France in November and December, because they fit cyclical patterns of the pneumonia-causing bacteria Mycoplasma pneumoniae rather than outbreaks of a dangerous new bug.

Public health researchers recommend following the CDC guidance on getting the latest COVID and influenza vaccines to ward off hospitalization and death from the diseases and reduce chances of getting sick. A recent review of studies that included 614,000 people found that those who received two COVID vaccines were also less likely to develop long COVID. Often involving fatigue, cognitive dysfunction, and joint pain, the condition is marked by the development or continuation of symptoms a few months after an infection and has been debilitating for millions of people. Another analysis found that people who had three doses of COVID vaccines were much less likely to have long COVID than those who were unvaccinated. (A caveat, however, is that those with three doses might have taken additional measures to avoid infections than those who chose to go without.)

It's not too late for an influenza vaccine, either, said Helen Chu, a doctor and epidemiologist at the University of Washington in Seattle. Influenza continues to rise into the new year, especially in Southern states and California. Last season's shot appeared to reduce adults' risk of visits to the emergency room and urgent care by almost half and hospitalization by more than a third. Meanwhile, another seasonal illness with a fresh set of vaccines released last year, respiratory syncytial virus, appears to be waning this month.

Another powerful way to prevent COVID, influenza, common colds, and other airborne infections is by wearing an N95 mask. Many researchers say they've returned to socializing without one but opt for the masks in crowded, indoor places when wearing one would not be particularly burdensome. Karan, for example, wears his favorite N95 masks on airplanes. And don't forget good, old-fashioned hand-washing, which helps prevent infections as well.

If you do all that and still feel sick? Researchers say they reach for rapid COVID tests. While they've never been perfect, they're often quite helpful in guiding a person's next steps.

When President Joe Biden declared the end of the public health emergency last year, many

federally funded testing sites that sent samples to laboratories shut their doors. As a result, people now mainly turn to home COVID tests that signal an infection within 15 minutes and cost around $6 to $8 each at many pharmacies. The trick is to use these tests correctly by taking more than one when there's reason for concern. They miss early infections more often than tests processed in a lab, because higher levels of the coronavirus are required for detection — and the virus takes time to multiply in the body. For this reason, Karan considers other information. "If I ran into someone who turned out to be sick, and then I get symptoms a few days later," he said, "the chance is high that I have whatever they had, even if a test is negative."

A negative result with a rapid test might mean simply that an infection hasn't progressed enough to be detected, that the test had expired, or that it was conducted wrong. To be sure the culprit behind symptoms like a sore throat isn't COVID, researchers suggest testing again in a day or two. It often takes about three days after symptoms start for a test to register as positive, said Karan, adding that such time estimates are based on averages and that individuals may deviate from the norm.

If a person feels healthy and wants to know their status because they were around someone with COVID, Karan recommends testing two to four days after the exposure. To protect others during those uncertain days, the person can wear an N95 mask that blocks the spread of the virus. If tests remain negative five days after an exposure and the person still feels fine, Chu said, they're unlikely to be infected — and, if they are, viral levels would be so low that they would be unlikely to pass the disease to others.

Positive tests, on the other hand, reliably flag an infection. In this case, people can ask a doctor whether they qualify for the antiviral drug Paxlovid. The pills work best when taken immediately after symptoms begin so that they slash levels of the virus before it damages the body. Some studies suggest the medicine reduces a person's risk of long COVID, too, but the evidence is mixed. Another note on tests: Don't worry if they continue to turn out positive for longer than symptoms last; the virus may linger even if it's no longer replicating. After roughly a week since a positive test or symptoms, studies suggest, a person is unlikely to pass the virus to others.

If COVID is ruled out, Karan recommends tests for influenza because they can guide doctors on whether to prescribe an antiviral to fight it — or if instead it's a bacterial infection, in which case antibiotics may be in order. (One new home test diagnoses COVID and influenza at the same time.) Whereas antivirals and antibiotics target the source of the ailment, over-the-counter medications may soothe congestion, coughs, fevers, and other symptoms. That said, the FDA recently determined that a main ingredient in versions of Sudafed, NyQuil, and other decongestants, called phenylephrine, is ineffective.

Jobs complicate a personal approach to staying healthy. Emergency-era business closures have ended, and mandates on vaccination and wearing masks have receded across the country. Some managers take precautions to protect their staff. Chu, for example, keeps air-purifying devices around her lab, and she asks researchers to stay home when they feel sick and to test themselves for covid before returning to work after a trip.

However, occupational safety experts note that many employees face risks they cannot control because decisions on if and how to protect against outbreaks, such as through ventilation, testing, and masking, are left to employers. Notably, people with low-wage and part-time jobs — occupations disproportionately held by people of color — are often least able to control their workplace environments.

Jessica Martinez, co-executive director of the National Council for Occupational Safety and Health, said the lack of national occupational standards around airborne disease protection represents a fatal flaw in the Biden administration's decision to relinquish its control of the pandemic.

"Every workplace needs to have a plan for reducing the threat of infectious disease," she said. "If you only focus on the individual, you fail workers."

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