For more than two years, COVID-19 has been a daily reality – and remains so to this day. Thankfully, available vaccines, treatments and other medical advancements have saved millions of lives and lessened the overall burden of COVID-19. While time goes on, however, the virus has mutated and brought with it additional questions and new, unfamiliar terminology for families to navigate.

**KEY TERMINOLOGY**

COVID-19 has introduced a new vocabulary for everyone. Below are some of the latest terms you may hear and what they mean.

**VARIANT:** Viral genome (genetic code) that may contain one or more mutations from the original COVID-19 virus. Examples of variants are Delta and Omicron. CDC expects that anyone infected with Omicron, regardless of vaccination status or whether having symptoms, can spread the virus to others.¹

**SUBVARIANT:** Lineages and sub lineages of a dominant variant with an increased ability to evade protection from vaccines and previous infection.² For example, Omicron subvariants BA.4, BA.4.6, & BA.5 are currently spreading through the U.S. as of September 2022.³

**VARIANT OF CONCERN:** A variant for which there is evidence of an increase in transmissibility, more severe disease, significant reduction in immunity by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.⁴

**LATEST VARIANT:** The newest strain of the virus.

**VARIANT-SPECIFIC BOOSTERS:** Specifically designed vaccine booster shots to target COVID-19 variants and subvariants. See Bivalent Vaccine Booster below for example.

**PRIMARY SERIES VACCINES:** Initial vaccination that can range from a single dose to a 3-dose series depending on the vaccine product and a person’s age and immunization status.⁵ The CDC explains the different series.

**BIVALENT VACCINE BOOSTER:** Also known as an “updated booster,” the bivalent vaccines include an mRNA component of the original strain to provide an immune response that is broadly protective against COVID-19 and an mRNA component in common between the Omicron variant BA.4 and BA.5 lineages to provide better protection against COVID-19 caused by the Omicron variant.⁶

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³ [https://time.com/6187762/ba-4-ba-5-omicron-subvariants-symptoms-risk/](https://time.com/6187762/ba-4-ba-5-omicron-subvariants-symptoms-risk/)
⁵ [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html)
TREATMENT RESOURCES
Fortunately, there are treatments available that can reduce your chances of being hospitalized or further complications from the disease if you test positive for COVID-19, regardless of your vaccination status or prior COVID-19 infection.

What types of treatments are available?
The FDA has authorized several antiviral medications and monoclonal antibodies to treat people who are more likely to get very sick while their symptoms are mild to moderate.¹

- **Antiviral treatments** target specific parts of the virus to stop it from multiplying in the body, helping to prevent severe illness and death.
- **Monoclonal antibodies** target the SARS-CoV-2 spike proteins to treat infection of COVID-19. The FDA has authorized the use of these antibodies therapies to treat mild-to-moderate COVID-19 in adults and pediatrics when both of the following apply:
  - The patient has a positive COVID-19 test result.
  - The patient is at high risk for progressing to severe COVID-19, hospitalization or both.

How do I go about getting treatments?
According to the CDC, medications to treat COVID-19 must be prescribed by a healthcare provider, and **started within days of first developing symptoms to be effective**. Contact a healthcare provider to determine if you are eligible for treatment, even if your symptoms are mild. If you don’t have a healthcare provider, you may visit a Test to Treat location or contact your local community health center or health department.²

The National Institutes of Health (NIH) provides COVID-19 Treatment Guidelines for healthcare providers to help them determine the best treatment options for their patients. Several options are available for treating COVID-19 at home or in an outpatient setting.³ They include:

- **Nirmatrelvir with Ritonavir (Paxlovid) Antiviral** – Available to adults and children ages 12 years and older. Patients receiving Paxlovid must begin the treatment within 5 days of when symptoms start. The medication can be taken orally.
- **Remdesivir (Veklury) Antiviral** – Available to adults and children. Patients receiving Veklury must begin the treatment within 7 days of when symptoms start. This medication is given as intravenous (IV) infusions at a healthcare facility for 3 consecutive days.
- **Bebtelovimab Monoclonal antibody** – Available to adults and children ages 12 years and older. Patients receiving Bebtelovimab must begin treatment within 7 days of when symptoms start. It is given as a single IV injection.
- **Molnupiravir (Lagevrio) Antiviral** – Available to adults only. Patients receiving Lagevrio must begin treatment within 5 days of when symptoms start. This medication can be taken orally.

It’s important to remember that it is never too late to get a COVID-19 vaccine. The available vaccines offer important protection from COVID-19 variants, especially against severe disease and hospitalization. With the rise of new subvariants, however, people are protected best from severe COVID-19 illness when they stay up to date with their COVID-19 vaccines, which includes getting all recommended boosters when eligible. COVID-19 vaccine boosters can further enhance or restore protection that might have decreased over time after a primary series vaccination.

To find vaccine sites near you, visit: [www.vaccines.gov](http://www.vaccines.gov).

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