

Common Misconceptions about COVID Hold Strong as New Variant Spreads

Media has the public talking about the "razor blade" COVID variant, but years of inaccurate public health messaging have taken their toll



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COVID is in the headlines again, and this time the media hook is a particularly nasty sore throat dubbed “razor blade throat”. The new variant, NB.1.8.1, is a recombinant [with a complex lineage](#), and may be divergent enough to create a significant summer wave. Right-wingers, as usual, have decried the appearance of COVID in the news and insisted they will refuse to comply with any public health measures aimed at controlling disease spread. Many liberals, conversely, appear interested in the news. Unfortunately, years of minimizing, ambiguous, and just plain false messaging have left the public - even those who’d like to protect themselves- unable to properly do so.

Without further ado, here’s the most important information the public needs to- but probably doesn’t - know about mitigating COVID-19 this summer.

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1. A large proportion of COVID-19 infections are asymptomatic- meaning those infected show no symptoms at all.

[This meta-analysis](#) from 2022 looked at 38 studies and found that 6,556 of 14,580 cases were asymptomatic, and the “overall estimate of the proportion of people who became infected with SARS-CoV-2 and remained asymptomatic throughout infection was 44.1%”.

Studies have consistently found that a high proportion of COVID cases- usually in the 35-45% range- show no symptoms. This is a critical piece of information for the public to understand when it comes to controlling COVID outbreaks and protecting oneself from infection.

If well over a third of COVID infections are asymptomatic - and COVID can also spread while people are pre-symptomatic, a day or two before they have symptoms- many of the guidelines being put forward are simply hygiene theater. They might make you feel safer, but they can't really protect you from COVID- because you can't know who has COVID just by looking.

In other words, “stay home if you feel sick,” “mask up if you feel sick,” “take a test if you feel sick,” and “here’s a list of common COVID symptoms” are all pieces of advice that would work to contain and control the outbreak of a virus that is always symptomatic, but they won’t do much to contain or control a virus that is often asymptomatic. And implying that you can know when you have COVID, implies that if you feel well, you *don’t* have COVID, *don’t* need to mask, and *don’t* need to test- which is precisely why we find ourselves in a never-ending series of COVID waves.

2. For those who are symptomatic, COVID can present like a flu, a cold, allergies, a stomach bug, or anything in between

Even the use of “razor blade throat” as a nickname for the strain may do more to confuse the public about the virus than educate them. It’s true that some people will end up with the aforementioned painful throat. But for those who have other types of symptoms, will they know that COVID can present differently in different people?

Since the original strains of COVID, a proportion of patients have experienced nausea, vomiting and diarrhea from infection, something few people seem aware of. A [review study found](#) that, “Diarrhea was the most common GI symptom, affecting 11.5% of the patients, followed by nausea and vomiting (6.3%) and abdominal pain (2.3%)”

Others experience no symptoms but a mild tickle in the throat or allergy-like symptoms. That’s why it’s not particularly useful to ask “what are the symptoms” of the new strain of COVID; because unless you test, you can’t know whether your illness is COVID or not.

3. Vaccines alone are not enough to prevent infection

As news broke that RFK Jr. wants to [end the recommendation to vaccinate “healthy” children and pregnant women](#), many people online pushed back. But among the well-meaning comments, I noticed a pattern emerging: liberals insisting that they had “never had COVID” because “they were vaccinated”. This is not accurate. Our vaccines may provide some protection against infection for a matter of weeks, but that protection wanes rapidly. From last week’s piece in *The Gauntlet*:

It should be noted COVID vaccines provide very limited protection against infection. A [Journal of Infection](#) study looking at the VE of the Comirnaty [Pfizer] XBB.1.5 vaccine found that it reduced risk of infection by 70.63% at 14 days after vaccination, but “VE declined rapidly and by approximately weeks 9–12 post vaccination, the VE point estimates were close to zero with considerable uncertainty in the estimates from day 60 onwards”.

In other words, vaccine efficacy vs infection declined to near zero by 60 days post-vaccination- and many people are making claims that their vaccines are protecting them from infection months and even years past the point of their last shot. This simply isn’t what these shots do. They’re approved on the basis of reducing risk of hospitalization and death, which they demonstrate an ability to do at the 4-6 month mark (although VE vs hospitalization and death also wanes over time, which, along with viral mutation, is why boosters are critical).

Novavax, a protein-based vaccine and an alternative to the mRNA vaccines that have been heavily pushed by the US federal government, is somewhat more durable. Of Novavax, a [JAMA Network study found](#), “the estimated vaccine effectiveness during the first 4 months after full vaccination was 31% against notified SARS-CoV-2 infection and 50% against symptomatic COVID-19. Estimated effectiveness waned against infection but remained stable against symptomatic COVID-19.” 31% at 4 months is nowhere near the 100% at 4 years protection that people seem to imagine they have- but it’s better than “close to 0 from day 60 onwards”. That’s information the public should have, in order to make educated choices about COVID prevention.

In any case, one annual shot, as current guidance suggests, simply can’t protect people from infection as many seem to believe.

This means that, as people are “making their own risk assessments” about COVID, they are making those risk assessments based on false assurances and wrong information. How many people might mask if they understood that their vaccines cannot protect them from infection, that many COVID infections are asymptomatic, and that even asymptomatic and mild infections can lead to silent damage or Long COVID? Or that they unknowingly might be passing infections on to vulnerable people, including family members and friends?

If members of the public believe they’ve “never had COVID” because they’re vaccinated- which again, isn’t actually possible- they’ll refuse to adopt other mitigation strategies, like day-to-day masking, testing, or pushing for clean air, because they believe they are not capable of catching nor spreading the virus.

This is a major public health issue: you do not want to have a population that is capable of catching a disease believing that they are unable to catch or spread that disease. Confusing, out-of-date, and mixed messaging around vaccination has left the public unable to make informed choices about how to protect themselves- and others- from COVID.

4. Rapid tests have a high false negative rate- especially during the first days of symptoms

This is where even a desire to do the right thing is going to run up against the very limited number of tools we have to control COVID- and why activists and in particular disabled people have been advocating and agitating for better mitigation resources for years.

In the earliest days of the pandemic, COVID tests were free at COVID centers. Then, as COVID centers closed across the country- despite cases remaining higher than ever- the White House would occasionally reopen the free test program whereby a family could receive four tests per household. This number of tests is totally laughable, especially given the accuracy rates of Rapid Antigen Tests (RATs).

A review study found that RATs had a **false negative rate of 67%** in the first 4-5 days of symptoms. For more accurate results, patients are encouraged to repeatedly test, ideally over the course of several days. This, of course, adds up. But a single RAT test

simply cannot rule out a COVID infection- and reporting should emphasize this. (A positive RAT test, on the other hand, is accurate; if your RAT test is positive, you have COVID).

PCR tests are much more accurate, but for most people, they're both more expensive and more difficult to access. Accessing a PCR generally involves making a doctor's appointment or visiting an urgent care, itself a major point of disease exposure for vulnerable people due to [ongoing lack of infection control](#). If you can afford them, [Metrix](#) are a good option for at-home tests that boast PCR-accuracy. You'll need to buy a [card reader](#) for \$50, then each [test](#) is \$25.

Access to accurate tests for illnesses spreading in the community is never something you want stratified by class, although it's hardly anomalous in our healthcare system. Local Mask Blocs have attempted to fill the gap where government has abdicated, sometimes offering rapid tests for free, but a strong public health response to COVID would require free, accurate tests on demand.

5. COVID is fully airborne and can transmit over long distances - more than six feet

Yes, even the WHO and the CDC got this one wrong back in 2020. And that might be more forgivable, if they'd done a better job correcting their error with public relations campaigns as extensive and expensive as the original "social distancing" messaging that people still remember.

Instead, they quietly acknowledged that COVID is fully airborne in 2021, but failed to update important recommendations like [infection control protocols in hospitals](#), and seem more concerned about [preserving their reputation](#) than educating the public about their mistakes.

Now, most people have an incorrect mental model about the way COVID can spread. They believe that if they keep their distance from other people in a store, like a supermarket, it's impossible for them to get COVID. They back away from a coughing person in the pharmacy, but don't think it's necessary to wear a mask. They emphasize measures like handwashing and sanitizing surfaces, which turned out to be a minimal form of transmission for COVID.

It's important to know that COVID can hang in the air like smoke, for hours. You can catch COVID from someone who has already left a room if it hasn't been well ventilated. This is why **indoor clean air is so important**; COVID activists want to ensure that we are changing out indoor air (ventilating) as well as cleaning that air (filtrating), so that COVID doesn't sit in the air as you walk around the grocery store.

Putting it all together

Each time a new wave crops up, the media scrambles to let the public know that COVID is spreading "again" (although of course, a new wave has arrived because the virus has been spreading continuously since 2019). But each time, it fails to inform the public that nearly half of COVID cases are asymptomatic, that COVID looks different in different patients, that vaccines do not prevent infections, that rapid tests have high false negative rates, and that COVID is fully airborne.

Taken together, the virus I'm describing is much more difficult to control than the one the press presents. The press frames the virus as something that can be halted by familiarizing yourself with the symptoms, staying home once you feel sick and test positive, and avoided altogether by simply getting vaccinated or keeping ones' distance from sick people. None of these claims are really accurate. But they all fold much more easily into the political project of "Back to Normal".

In other words, the virus I've described - one that is often asymptomatic and evades vaccines- requires ongoing mitigation measures above and beyond what our political leaders were willing to provide, so the realities of the virus were....softened. Whittled. Reshaped.

The misinformation that reigns in liberal spaces is not the result of accidental miscommunication. People don't know that the virus is asymptomatic 40% of the time because there is simply no universe where that virus is controllable without an elimination strategy, or a day-to-day mitigation strategy. The facts I've listed in this article are not just little-known facts; they are inconvenient truths.

Liberals like to believe that they are different from the cruel, uncaring conservatives who spit with anger when asked to participate in community care by halting the

spread of COVID. However, to maintain that philosophical distance between themselves and conservatives, they've constructed an alternate universe where "halting the spread of COVID" requires nothing more of them than an annual vaccination, an inaccurate test, and staying home when already ill.

In actual fact, halting the spread of COVID is far more difficult, and requires much more commitment and diligence. It's where the rubber meets the road and where most people, it's clear, are unwilling to walk the talk of community care. To halt the spread of COVID, we must practice mitigation measures on a daily basis. That means consistent masking in public. It means testing, with an accurate test, if you're going to be unmasking around others. It means acknowledging not only the benefits of our current vaccines, but also their limitations, because we do, in fact, "believe in science."

"Razor blade throat" makes for a sexy headline, a scary symptom, and a nasty horror story, but for 40-some percent of those who will go on to catch NB.1.8.1, there will be no red, bloody throat or hacking cough. There won't be any reason for them to assume they should take a test, throw on a mask, stay home, or presume their vaccine "failed". But just the same as the bloody-throated lung-hacker-upper that everyone will be careful to keep six feet away from on public transit, those people will pass COVID on to a new baby who has to be hospitalized, a young woman who goes on to be disabled, or a senior citizen who goes on to die.

That's why we need to address the way we think about COVID-19, and infectious diseases generally, with urgency. It's time we abandon the paradigm of symptomatic spread that leaves us trapped in endless waves of infection, and embrace a proactive, holistic view of airborne disease control that begins with clean indoor air, and encourages people to adopt measures like masking and testing. Until then we'll continue to be sick- and confused about why we're sick.

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WRG Jun 5 *Edited*

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♥ Liked by Julia Doubleday

There's one point that I didn't seem to see in this excellent article. Please correct me if I'm wrong.


In addition to all the misinformation you so deftly lay out, there's also most people's erroneous idea that even a nasty case of Covid is nothing to worry about. It's much easier to condemn the very elderly and those with "pre-existing conditions" to a life of never-ending lockdowns (just stay home if you're in danger!) if the general population firmly believes that the virus will leave them with no long lasting sequelae, let alone long Covid.

This is the attitude I come up against constantly, even among people well into their 60s and 70s. They honestly, truly, deeply believe that they will be spared and that it's worse to miss out on a trip to Europe or a lovely restaurant meal or a wedding than to catch what they feel is, at most, a nasty flu. My 30-ish son says he doesn't know anyone who's been seriously affected by a Covid infection. My friend who's turning 70 in a few months is more worried about the health of people who drink too much or don't exercise regularly. They speak for almost everyone I know.

"Just wait, you'll see, if not this year, then maybe next year or just a few years down the road," or "I'm really concerned about the health of today's babies, who will have had Covid ten times or more before they turn 18" are arguments that get no traction whatsoever.

Needless to say, I don't go to parties anymore and in fact, I no longer see most of my "before times" friends. Just call me Debbie Downer.

Thanks for your great writing Julia! You're definitely on the right side of history.

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Lee Roberts Jun 5



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♥ Liked by Julia Doubleday

Wish I'd written this. Thank you for compiling it. I say some version of at least one of your bullet points to someone nearly every day.

Yes, I'm super fun at parties. Oh, that's right, absolutely no one invites me to parties anymore because they know I'll refuse to attend unless they answer my minimal COVID-safety questions correctly.

Signed,

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