

Correspondence

Immunity after mRNA COVID-19 vaccine and immunosuppressive therapy: correspondence

Rujittika Mungmunpantipantip¹✉, Viroj Wiwanitkit²

¹Private Academic Consultant, Bangkok, Thailand. ²D. Y. Patil Medical College, Hospital and Research Center, Pune, Maharashtra, India.

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Dear Editor, we would like to discuss the article “Humoral and cellular immunity after mRNA COVID-19 vaccine in psoriatic patients on biological or immunosuppressive therapy: a real-life experience” (1). Rizzetto et al. reported on immune response in a specific subset of patients with psoriasis (1). A variety of factors could have a significant impact on how well the COVID-19 vaccination works. There are numerous dosages and administration techniques available. Patients that use prescription medications or have underlying medical issues may be more vulnerable to vaccine adverse events than the average, healthy vaccine receiver. We can all agree that administering the COVID-19 vaccination is a good idea. In the absence of symptoms, the relatively common previous COVID-19 infection may play a role (2). To rule out a previous asymptomatic COVID-19 infection, testing is warranted but is frequently skipped. It may be possible to better assess a per-

son’s underlying immunological difficulties by carrying out normal blood testing. By routinely evaluating people’s underlying immunological disorders, it is possible to predict more accurately how well the COVID-19 immunization will function.

This is an important consideration when determining the efficacy or safety of a vaccination. Although there is frequently little clinical data available regarding pre-vaccination immunological or health status, and the possibility of confounding with non-symptomatic SARS-Co-V2 infection cannot be effectively ruled out, many clinical reports have demonstrated the efficacy, safety, or clinical significance of the COVID-19 vaccine. A recent study also identified a link between a vaccination recipient’s immunological response to immunization and inherited genetic diversity (3). If more research is planned, the influence of genetic polymorphism should be evaluated.

References

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