

Letter to the Editor (Matters arising from published papers)

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Comment on: Herpes zoster following BNT162b2 mRNA Covid-19 vaccination in patients with autoimmune inflammatory rheumatic diseases: a case series: reply

DEAR EDITOR, We would like to respond to the comment by Mungmunpantipantip and Wiwanitkit [1] relating to the article published by our group, entitled 'Herpes zoster following BNT162b2 mRNA Covid-19 vaccination in patients with autoimmune inflammatory rheumatic diseases: a case series' [2]. Herpes zoster is indeed a common comorbidity in patients suffering from autoimmune inflammatory rheumatic diseases (AIIRD) [3] and therefore it is challenging to postulate the direct causality to vaccination based on the cluster of cases.

Following the publication of the above article, the authors received numerous mails all over the world with reports of post-vaccination herpes zoster occurrence in both immunocompetent and immunocompromised patients (personal communication). Furthermore, accumulating evidence has recently emerged confirming the increased incidence of herpes zoster infection following mRNA-based COVID-19 vaccination in immunocompetent subjects, as reported in case series by Psychogiou from Greece [4] and a large-scale population-based study from Israel [5]. In the latter, the BNT162b2 mRNA vaccinated and control groups, including a mean of 884 828 persons each, were followed for 42 days after vaccination. Vaccination was strongly associated with herpes zoster infection: risk ratio, 1.43; 95% CI: 1.20, 1.73; risk difference, 15.8 events per 100 000 persons; 95% CI: 8.2, 24.2. Interestingly, data on >240 000 SARS-CoV-2 infected persons were assessed to estimate the effects of a documented SARS-CoV-2 infection on the incidence of adverse events. SARS-CoV-2 infection was not estimated to have a meaningful effect on the incidence of herpes zoster infection [5]. In summary, the present epidemiological data points out that herpes zoster might represent a potential adverse event of mRNA SARS-CoV-2 vaccination, with the limitation of the lack of dermatopathological assessment in most cases. In our opinion, reactivation of herpes zoster following SARS-CoV-2 vaccination should be considered by the medical community and vaccination for herpes zoster should be offered when appropriate.

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Data availability statement

No new data were generated or analysed for this article.

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