

## Inactivated COVID-19 vaccines, HBV and HIV: Correspondence

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Dear Editor, we would like to share ideas on “Failure to seroconvert after three doses of inactivated COVID-19 vaccines in a patient co-infected with HBV and HIV: A case report.”<sup>1</sup> After receiving three doses of the inactivated COVID-19 vaccine, a patient with HIV/HBV co-infection did not seroconvert, according to Zeng et al.<sup>1</sup> There have been reports that a number of factors can affect how well the COVID-19 immunization works. Different dosage and administration techniques might be involved. Contrary to the normal, healthy vaccine recipient, patients who use prescription medicines or have underlying medical issues may have varying sensitivity to vaccines. The underlying health/immune state, past COVID-19, kind, and manner of vaccine administration are all significant issues to be explored for HIV seropositive COVID-19 vaccine recipients.<sup>2</sup> HIV is the underlying condition in this situation, and it may influence how the vaccination reacts. A recent report might suggest that inactivated COVID-19 vaccinations are not very effective. According to a recent study, mRNA COVID-19 booster injections are an effective way to enhance recipients of the COVID-19 immunization who are HIV positive.<sup>3</sup> Regardless of HIV serostatus, the clinical model study also supports that the third booster dose of the inactivated COVID-19 vaccine is less efficacious than other vaccines.<sup>4</sup>

### Disclosure statement

No potential conflict of interest was reported by the author(s).

### Data availability statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

### References

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