Predictors of SARS-CoV-2 infection: is there a

comprehensive analysis?

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Dear Editor:

We have read with interest by the article Andrejko KL et al[1]on prediction of SARS-CoV-2 infection following high-risk exposure. The authors found that non-pharmaceutical interventions and vaccine were useful in reducing individual risk of infection. While we applaud the authors making people aware of wearing a sanitary face mask and vaccination, there are several unmentioned factors that the authors should have considered before establishing the relevance.

Epidemiologic studies have confirmed that, the SARS-CoV-2 infection rates and genotype distributions vary between different regions and countries, even varied in different regions of one country[2]. In the context of SARS-CoV-2 mutations since April 2020, the rapid spread of the D614G mutation is singular and has led us to aware that viruses with D614G have enhanced fitness[3]. As reported, P.1 and B.1.427/429 variants lead to increased transmissibility (2.2-fold and 1.2-fold increases, respectively) or to variants that evade prophylaxis[4, 5].Unfortunately, the study by Andrejko KL et al does not consider this variable. To demonstrate the effectiveness of NPIs and vaccine, the authors would need to examine genotyping factors from these patients.

It was also surprising that the case group included in this study selected from individuals who had received a positive molecular SARS-CoV-2 test result, not new cases. Different from incidence cases, features of prevalence cases may have changed[6], especially behavioral change in life. This would imply that there might be a risk of Neyman bias arising from disease.

Furthermore, the authors considered that the diagnostic criteria were made based on the SARS-CoV-2 molecular test result. However, in fact, there may be false negatives associated with samples.

As previously reported, true COVID-19 probably went undetected until several days into the disease course[7]. Inclusion criteria for this study should be stricter, and should be combined with clinical, imaging, and pathological manifestations[8].

Although we contend that the evidence from Andrejko KL et al's study is insufficient to conclude predictors of SARS-CoV-2 infection of patients, we applaud the emphasis the authors place on the need to use NPIs in populations with limited vaccine access or ineligible to be vaccinated, and in response to changing epidemiologic conditions.

Conflict of Interest: None

Reference

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