

## LETTER TO THE EDITOR

### In Reply to 'Kidney Transplant Recipients With COVID-19 and Monoclonal Antibody Therapy: Additional Considerations'



We thank Mungmunpantipantip and Wiwanitkit<sup>1</sup> for their constructive comments. Among the 47 kidney transplant recipients included in this study, 17 had anti-human leukocyte antigen antibodies detected within 2 years prior to infection, but none had donor-specific antibodies.<sup>2</sup> Antihuman leukocyte antigen antibody status was not available for 6 patients. No patient was treated for acute rejection in the 2 years prior to infection.

Eight kidney transplant recipients out of 47 had a history of documented SARS-CoV-2 infection. Among them, only 3 presented with positive antinucleocapsid antibodies. Interestingly, 2 additional patients in the cohort had positive antinucleocapsid antibodies without any prior documented infection. None of these kidney transplant recipients required hospitalization.

We agree that this may have played a role in these patients' recoveries as prior infection may reduce the risk of severe COVID-19.<sup>3,4</sup> However, our cohort is too limited to draw conclusions on this. Moreover, to our knowledge, it is ill-defined whether prior infection that does not lead to a serologic response confers protection against severe COVID-19.

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## ARTICLE INFORMATION

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