Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Correspondence

Split-dosing of coronavirus disease 2019 vaccines

To the Editor,

We would like to share ideas on the article titled “Split-Dosing of COVID-19 Vaccines Provides Non-Inferior Antibody Responsiveness to Conventional Vaccine Dosing.”

Split-dosing of coronavirus disease 2019 (COVID-19) vaccines is still an option that has been found to be just as effective as traditional dosing at promoting antibody response, according to Musa et al. The effectiveness of the COVID-19 vaccination has been reported to be influenced by a variety of circumstances. Different administration and dosage methods could play a role. Patients who use prescription drugs or have underlying medical conditions may have different sensitivities to immunizations than the typical, healthy vaccine receiver. We can all agree that it will be beneficial to administer the COVID-19 vaccine. Based on past immunizations, the findings of the investigation imply that the COVID-19 vaccination has a protective effect. The rather frequent antecedent COVID-19 without symptoms is another problem that could get worse. It is clear that a history of COVID-19 infection is not reliably indicated by a history of coronavirus disease infection. In addition, a suitable set of antibody assays was used to ascertain the COVID-19 prevaccination immunologic status. To rule out a previous, asymptomatic COVID-19 infection, it is normal to skip testing. If people receive routine assessments, they might learn more about their underlying immunologic issues. It is good that the study by Musa et al measured prevaccination titers. This is a strong point of the current study because most of the comparable, earlier studies that are accessible fail to consider the individuals’ history of COVID-19 infection and how this may affect the future immune response to vaccination. The effects of the COVID-19 vaccination can be foreseen more precisely if participants’ preexisting immune statuses are consistently evaluated. When assessing the effectiveness or safety of the vaccination, this is a crucial factor to consider. Numerous studies have shown the effectiveness, safety, or clinical relationship of the COVID-19 vaccine, even though there is frequently little information available regarding prevaccination immunologic or health status, and the possibility of confounding with nonsymptomatic COVID-19 is not entirely ruled out. Consequently, the scientific evidence from the current investigation can at least address the potential confounding effect of COVID-19, which could undermine the validity of the immunologic assessment parameters.

Rujittika Mungmunpuntipantip, PhD*,#
Viroj Wiwanitkit, MD†,

* Private Academic Consultant
Bangkok, Thailand
† Department of Community Medicine
DY Patil Medical College
Pune, India
‡ Faculty of Medicine
University of Nis
Nis, Serbia
§ Department of Eastern Medicine
Government College University
Faisalabad, Pakistan
rujittika@gmail.com

References
1. Musa A, Wood M, Rosse A, May SM, Graaff JV, Poole JA. Split dosing of coronavirus disease 2019 vaccines provides noninferior antibody responsiveness to conventional vaccine dosing. Ann Allergy Asthma Immunol. 2022;129(6):794–796.
2. Joob B, Wiwanitkit V. Letter to the editor: coronavirus disease 2019 (COVID-19), infectivity, and the incubation period. J Prev Med Public Health. 2020;53(2):70.