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Transmission of SARS-CoV-2: It's Time to Rethink Public Health Strategy

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Introduction

VAERS is hampered by underreporting, and while it can detect possible safety signals, it is unable to establish a causal link between vaccination and adverse events. There were no unexpected indications other than myopericarditis and allergy, which are already known to be related with mRNA vaccinations, which is reassuring for adverse events of special relevance. The health consequences of mRNA COVID-19 vaccinations as determined by v-safe are useful for setting vaccination scheduling for those who are hesitant due to the risk of being unable to work and losing income. Furthermore, the predictable, non-serious, and ephemeral nature of the adverse events gives an objective basis for providing paid time off to employees in order to boost vaccine confidence and adoption.

One drawback of the v-safe data is that it excludes older and socioeconomically disadvantaged people who may not have access to technological devices to participate in web-based surveys. A future goal might be to identify ways to engage various people in v-safe data gathering using both mobile web-based and non-web-based resources (e.g., telephone surveys). Although there are some tendencies in reactogenicity differences among mRNA vaccines, neither VAERS nor v-safe are well-suited to measuring these variations.

Description

Despite these limitations, the safety monitoring of the mRNA COVID-19 vaccinations stands out as the most comprehensive of any vaccine in US history, according to VAERS, v-safe, and vaccine administration data. The adoption of these supplementary monitoring techniques has produced reliable and encouraging data on the epidemiology of adverse events associated with mRNA COVID-19 vaccinations, reiterating the necessity of ongoing surveillance and safety of COVID-19 immunisation and bolstering vaccination trust.

As the COVID-19 pandemic enters its third year, several fundamental concerns about SARS-CoV-2 transmission patterns remain unanswered. Cheryl Cohen and colleagues investigate the complexities of SARS-CoV-2 home transmission in The Lancet Infectious Diseases. According to current research, transmission between household contacts is a major driver of SARS-CoV-2 dissemination. Increased transmission in households is likely owing to the lack of use of personal protective equipment and close, extended contact during daily activities. Although research suggests that those who are asymptomatic for COVID-19 can transmit SARS-CoV-2, the degree of this transmission is unknown.

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Cohen and colleagues investigated the incidence, reinfection, and transmission dynamics within urban and rural households in South Africa in their prospective household cohort study of SARS-CoV-2, influenza, and respiratory syncytial virus community burden, transmission dynamics, and viral interaction in South Africa (PHIRST-C). Intensive symptom screening, midturbinate nasal swabs twice a week for SARS-CoV-2 testing using real-time RT-PCR (RT-rtPCR; irrespective of symptoms), and anti-SARS-CoV-2 antibody testing every two months were all part of the novel study technique. The study period coincided with three COVID-19 waves in South Africa, the first of which was driven by the original wild-type version, the second by the beta variant and the third by the delta variant [1-5].

Conclusion

Furthermore, those living with HIV who had unsuppressed HIV viral loads (400 viral load copies per mL) were more likely than HIV-uninfected people to have symptomatic infection (OR 33 [1..3–84]) and prolonged SARS-CoV-2 shedding (hazard ratio 04 [95 percent CI 0.3–0.6]). This long-term SARS-CoV-2 infection in patients who are immunocompromised due to uncontrolled HIV infection could lead to the formation of novel variations. As a result, antiretroviral treatment programmes must be strengthened promptly so that patients with advanced immunosuppression receive effective antiretroviral medication and COVID-19 vaccination.

Acknowledgement

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Conflict of Interests

None.

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