

To Prof. Kovy Arteaga-Livias, MSc
Editor in Chief of Microbes, Infection and Chemotherapy
Universidad Nacional Hermilio Valdizán – Perú

Brasília-DF, August 30th, 2021

Dear Editor,

First of all, I must thank you for the judicious questions related to the original version of the article. These were all answered as shown below in red font and highlighted in yellow.

Reference: A-1189 – Manuscript

Text

Lines 14-21: The Bolivian patient did not undergo any dose of recommended COVID-2 vaccine. However, even after complete vaccination, reported cases of COVID-19 have increased, either by the initial strain or some of emerging variants of the SARS-COV-2 virus (1-6). So, the protocol of preventive measures must be strictly followed also by vaccinated. Serological tests plus RT-PCR enhance the sensitivity to detect active infections and to evaluate the recovery stage. Reductions of IgM level may be observed as conversion of virus nucleic acid to negative occurs; while persistent IgG levels are fundamental for immune memory and prevention of reinfections (2-4).

Lines 24-30: The duration of IgG against SARS-COV-2 virus is not established (3,4); but negative detections have been 14.2% and 25% at 3 and 6 months of discharge, respectively (2). Worthy of note, the reinfection of the patient herein commented occurred approximately 3 months after the cure of the first episode, when the specific IgG test was negative. The duration of IgG against SARS-COV-2 virus is not established (3,4); but negative detections have been 14.2% and 25% at 3 and 6 months of discharge, respectively (2).

Lines 33-34: The current number of reinfections is uncertain due to the lack of specific research, but in January 2021 it was estimated in approximately 31 people in China (6).

Waiting to hear from you soon,



Prof. Dr. Vitorino Modesto dos Santos

Corresponding author