



## LETTER TO EDITOR

### SARS CoV-2 reinfection: possible or not?

Oswaldo Jesus Rodrigues da Motta

Universidade Federal de Viçosa (UFV)  
Department of Medicine and Nursing

**Abstract:** The COVID-19 pandemic, caused by SARS-CoV-2, has presented multiple challenges such as therapy and clinical recovery of the patient. As the rates of cure and infection continue to increase in several countries, the question about the possibility after a patient has recovered clinically from COVID-19 has caused enormous scientific reflections. This growing concern about the possibility of SARS CoV-2 reinfection<sup>3</sup> generate uncertainty of whether or not humans are immunized after the first contact and recovery from the COVID-19 infection. Now, it is extremely important to be sure about negative cases, that is, if the reinfection was really after the negative result for COVID-19 or if the patients were not yet fully recovered and have been tested positive due the installed infection.

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**Keywords:** COVID-19; pandemic; SARS-CoV-2; therapy; clinical recovery; patient; cure; infection; immunized; case; positive

The COVID-19 pandemic, caused by SARS-CoV-2, has presented multiple challenges<sup>1</sup> such as therapy and clinical recovery of the patient. As the rates of cure and infection continue to increase in several countries, the question about the possibility after a patient has recovered clinically from COVID-19 has caused enormous scientific reflections<sup>2</sup>.

This growing concern about the possibility of SARS CoV-2 reinfection<sup>3</sup> generate uncertainty of whether or not humans are immunized after the first contact and recovery from the COVID-19 infection. Now, it is extremely important to be sure about negative cases, that is, if the reinfection was really after the negative result for COVID-19 or if the patients were not yet fully recovered and have been tested positive due the installed infection.

It is possible that's the viral level sufficient to suggest a negative test, but later the viral load is increased. Another possibility is the false positive result, which may suggest that some recovered patients still have low levels for detecting neutralizing antibodies<sup>4</sup>. With so many variables, it is recommended that even if the patient is discharged, isolation or quarantine is recommended<sup>4</sup>.

Thus, public opening policies based on the so-called "immunity passports"<sup>5</sup> with return of economic activities during the SARS CoV-2 pandemic,

in the face of scientific uncertainties about serological tests that can guarantee the immune status, combined with rigorous mechanisms to validate the test results and identify cases of reinfection<sup>5</sup> would be disastrous for society and need better evaluation and scientific studies.

#### **Conflict of interest**

The author declares that they have no conflict of interest.

#### **Research involving human participants and/or animals**

Not Applicable

#### **Informed consent**

Not Applicable

#### **References**

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