In Reply We thank Dr Yang and colleagues for their interest in our study and for highlighting that post–COVID-19 condition (PCC) is of important public health interest. They mention specific studies and rightly ask why these were not included in our meta-analysis. For the purposes of transparency, our inclusion and exclusion criteria were clearly listed in the Methods section of the article. Reviewing the suggested studies against our criteria easily demonstrates that none met the inclusion criteria we outlined. Those studies either did not clearly report the duration of symptoms since the acute COVID-19 infection—whereas we followed the World Health Organization definition, which requires a symptom duration of greater than 3 months; or they investigated the effect of vaccination on the resolution of PCC symptoms (vs identifying the association of risk of developing PCC and vaccination which was our study aim); or they discussed how vaccination affected the various PCC symptoms. Hence, we confirm that none of the proposed studies fulfilled the inclusion criteria for the specific purpose of our systematic review and meta-analysis.

In addition, Dr Yang and colleagues claimed that the results of our study were inconsistent with those of other similar studies. The purpose of systematic reviews and meta-analyses is to provide an overall synthesis of the available data, and as such, the overall result of the meta-analysis may not concur with the findings of each published study, which effectively highlights the importance of our meta-analysis. Nevertheless, on this occasion, we disagree with their assertion. Among the studies that they mentioned, Notarte and colleagues found that vaccination was associated with a reduced risk of PCC, which is in agreement with our findings. In the review by Byambasuren and colleagues, 12 studies reported data on vaccination before SARS-CoV-2 infection, 10 of which showed a significant reduction in PCC incidence; those authors did not undertake a meta-analysis. In the third review, Watanabe and colleagues found that 2 vaccination doses before the acute infection were associated with a lower risk of PCC, which again, is aligned with our study findings. Therefore, we are unclear as to the basis of this comment.

In summary, the aim of our study was to evaluate the risk factors associated with the development of PCC, and the inclusion and exclusion methodology was transparently shared in our article. Moreover, the studies mentioned by the correspondents support our study findings. It was not our intention to assess whether vaccination (or any other factor) changes PCC symptoms in patients already diagnosed with PCC at the time of vaccination. It was neither our intention to identify the role of vaccination in patients with established PCC, and hence this was not addressed. We agree with Dr Yang and colleagues that further work is required in this area.

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