In Reply We carefully read the Letter to the Editor on our article by Briggs et al. The authors claim that, like other viral diseases, COVID-19 might be associated with increased risk of sudden sensorineural hearing loss (SSNHL), and as such COVID-19 vaccination could have a role in preventing SSNHL. Although it is a well-known fact that viruses might cause SSNHL, the currently available body of evidence regarding the association between COVID-19 and SSNHL remain conflicting. Gallus et al reported audiovestibular symptoms in patients with COVID-19 and found low rates of SSNHL as a sequela of COVID-19. The authors concluded with a reasonable degree of confidence that even if an audiovestibular involvement was present during COVID-19, no definite signs of such a damage can be seen in patients recently recovered from COVID-19 who had not been previously hospitalized. Furthermore, in a previous study we compared the incidence of SSNHL during the COVID-19 pandemic and before vaccine introduction to the incidence in 2018-2019. Our findings showed significant decrease in the incidence of SSNHL in 2020 during the COVID-19 pandemic, compared with 2018-2019. Yet, even if SARS-CoV-2 infection increases the risk of hearing loss, this does not contradict the fact that COVID-19 vaccination might be associated with increased risk of SSNHL.

Briggs et al stated that administrative data are subject to many biases, and as a result any potential association involves uncertainty regarding causation. All these biases and limitations are outlined in detail in our article, and as such we have concluded that our study should be considered as a signal detection hypothesis generating study. Yet, although randomized studies are traditionally viewed as the gold standard for vaccine outcomes, they are usually limited by their sample size when it comes to detecting very rare events. This is where postmarketing surveillance, based on observational studies, is required. Specifically, population-based administrative and routinely collected clinical data can be easily accessed and might be helpful for early signal detection. There is no doubt that the benefits of COVID-19 vaccination outweigh the rare occurrence of SSNHL, and we agree with Briggs et al that this should not prompt deferral of vaccination. However, fear of antivaccination opponents should not conceal scientific findings even for small effects, which, in our opinion, should be shared with health care professionals who are involved in SSNHL assessment, and may lead to early recognition and treatment, which are crucial to improve outcomes.

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