LETTER TO THE EDITOR



In response to comment on "Autoimmune post-COVID vaccine syndromes: does the spectrum of autoimmune/inflammatory syndrome expand?" by Jara LJ et al

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We thank Dr. Kunal Chandwar for their interest in our article "Autoimmune post-COVID vaccine syndromes: does the spectrum of autoimmune/inflammatory syndrome expand?" Indeed, we have included all of the COVID-19 vaccines, and we agree with you that they have different mechanisms of action but similar capabilities to protect against COVID-19 to millions of people. Therefore, they also can induce adverse effects, including autoimmune syndromes, in a minority of people with genetic and environmental risk factors [1]. In this context, the adjuvants accompanying vaccines are the main candidates to explain the autoimmune syndromes observed by us and others shortly after applying the COVID-19 vaccine. The adjuvant is a stimulant of the immune system (comes from the Latin word Adjuvare, to add to stimulate) [2]. And therefore, even though the mRNA does not have a real adjuvant, it contains materials which hyperstimulate the immune system. The candidate B-lymphocyte stimulators are lipid nanoparticles, age-associated B cells (ABC), or other vaccine components that have been proposed. One should not forget also the mechanism of molecular mimicry, which plays in concert with the hyperstimulation [3]. The emergence of a panoply of autoimmune diseases following the COVID-19 vaccine alludes also to the support of the ASIA concept, namely the need for genetics, which indicates an aggressive immune system with an outer (environmental) stimulant and molecular mimicry which leads to autoimmunity and eventually to lymphoproliferative conditions [4, 5]. Due to the aforementioned, the description of autoimmune syndromes after the COVID-19 vaccine expands the Autoimmune/inflammatory Syndrome concept, Induced by "Adjuvants" (ASIA).

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Declarations

Disclosures None.

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