



Impact of the COVID-19 pandemic on influenza and respiratory syncytial virus antibody titres in the community: a prospective cohort study in Neustadt, Thuringia, Germany

Mathias W. Pletz ^{1,2}, Ralf Dürrwald ³, Janine Reiche³, Norman Rose¹, André Scherag^{2,4} and Sebastian Weis^{1,5} for the CoNAN study group

¹Institute of Infectious Diseases and Infection Control, Jena University Hospital—Friedrich Schiller University, Jena, Germany. ²Center for Sepsis Care and Control (CSCC), Jena University Hospital—Friedrich Schiller University, Jena, Germany. ³Department of Infectious Diseases, Unit 17, Influenza and Other Respiratory Viruses, National Influenza Centre and Consultant Laboratory for RSV, PIV and HMPV, Robert Koch Institute, Berlin, Germany. ⁴Institute of Medical Statistics, Computer and Data Sciences, Jena University Hospital—Friedrich Schiller University, Jena, Germany. ⁵Leibniz Institute for Natural Product Research and Infection Biology, Hans Knöll Institute (HKI), Jena, Germany.

Corresponding author: Mathias W. Pletz (mathias.pletz@med.uni-jena.de)

Check for updates	Shareable abstract (@ERSpublications) The lack of circulation of influenza and RSV during the COVID-19 pandemic did not result in a substantial drop in respective antibody levels in the community over 12 months https://bit.ly/3qXVLld Cite this article as: Pletz MW, Dürrwald R, Reiche J, <i>et al.</i> Impact of the COVID-19 pandemic on influenza and respiratory syncytial virus antibody titres in the community: a prospective cohort study in Neustadt, Thuringia, Germany. <i>Eur Respir J</i> 2022; 60: 2200947 [DOI: 10.1183/13993003.00947-2022]. This single-page version can be shared freely online.
Copyright ©The authors 2022.	To the Editor:
This version is distributed under the terms of the Creative Commons Attribution Non- Commercial Licence 4.0. For commercial reproduction rights and permissions contact permissions@ersnet.org Received: 8 May 2022 Accepted: 16 Sept 2022	The coronavirus disease 2019 (COVID-19) pandemic, and the subsequent infection control measures, has led to a substantial shift in the spectrum of respiratory tract infections. In many regions, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was or still is the most common viral respiratory pathogen while the circulation of influenza and respiratory syncytial virus (RSV) was decreased [1–3]. There is some evidence from the past that an interruption of viral circulation for several years may reduce the immunity of the population and lead to a consecutive severe season, as observed in the 2017–2018 season that was dominated by influenza B lineage Yamagata, which was barely present in the previous 5 years [4, 5].

