Dear Editor,

We thank Prof. Candelli and Pignataro for this letter. We read with interest also their article about the role of influenza vaccination towards COVID-19. They analyzed 602 patients admitted to the Emergency Department of the “Policlinico Gemelli” in Rome, highlighting how the previous influenza vaccination resulted to be protective towards the 60-day death (OR=0.2; 95% CI 0.082-0.510, \( p < 0.001 \)) but not towards the need for endotracheal intubation. They examined exclusively hospitalized patients with COVID-19, differently from our work, which evaluates a cohort of both hospitalized and home-isolated patients. A substantial difference between the two studies concerns the correction factors applied: we could not collect anamnestic information from home-isolated subjects, and thus, we decided not to include comorbidities in the analyses. This surely represents a limitation, differently from Candelli’s work, which considers also patients’ comorbidities. Another difference is about the age of subjects, the main cause of death in our patients; vaccinated patients are, undoubtedly, older and with a greater load of comorbidities and this was evident in our work (75±17 vs. 51±19 years; \( p < 0.001 \)); aging contributes to the higher mortality rate of vaccinated patients. In addition, the population examined in our study is that of a single province where “aging” represents a much more pressing indicator, compared with the province of Rome (aging index 262% vs. 164%; Italian average 179.4%).

We agree with Candelli et al in considering comorbidities among the most important items to evaluate in COVID inpatients; our group highlighted it in a previous article concerning COVID inpatients in March and April, 2020. We also agree about the general importance and medical utility of vaccinations, as specified in our article; however, limitedly to our study, we cannot express ourselves positively about the protective role by influenza vaccination towards the prognosis of SARS-CoV-2 infection.

Conflict of Interest
The Authors declare that they have no conflict of interests.

References

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