Уколико сте прележали корону, ево добрих вести – заштићени сте од ковида 19 као да сте добили вакцину, објављено је данас у једној од највећих студија о овој кључној теми за управљање епидемијом. Како је истраживање показало, заштита траје најмање онолико колико и она коју пружа вакцина, пише Н1 Загреб.

Десет месеци након што су се заразили ковидом, људи су и даље имали 88 посто мањи ризик од поновне инфекције, хоспитализације и смрти, показала је студија објављена у часопису Ланцет
, преноси Н1 Загреб.

То овај природни имунитет чини “барем једнаким по трајању, ако не и дужим” од две дозе вакцина Фајзер или Модерне, наводи се у студији.

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COVID-19 Forecasting Team [†] • Show footnotes

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Summary

Background

Understanding the level and characteristics of protection from past SARS-CoV-2 infection against subsequent re-infection, symptomatic COVID-19 disease, and severe disease is essential for predicting future potential disease burden, for designing policies that restrict

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Past SARS-CoV-2 infection protection against re-infection: a systematic review and meta-analysis

COVID-19 Forecasting Team*

Summary

Background Understanding the level and characteristics of protection from past SARS-CoV-2 infection against subsequent re-infection, symptomatic COVID-19 disease, and severe disease is essential for predicting future potential disease burden, for designing policies that restrict travel or access to venues where there is a high risk of transmission, and for informing choices about when to receive vaccine doses. We aimed to systematically synthesise studies to estimate protection from past infection by variant, and where data allow, by time since infection.

Methods In this systematic review and meta-analysis, we identified, reviewed, and extracted from the scientific literature retrospective and prospective cohort studies and test-negative case-control studies published from inception up to Sept 31, 2022, that estimated the reduction in risk of COVID-19 among individuals with a past SARS-CoV-2 infection in comparison to those without a previous infection. We meta-analysed the effectiveness of past infection by outcome (infection, symptomatic disease, and severe disease), variant, and time since infection. We ran a Bayesian meta-regression to estimate the pooled estimates of protection. Risk-of-bias assessment was evaluated using the National Institutes of Health quality-assessment tools. The systematic review was PRISMA compliant and was registered with PROSPERO (number CRD42022303850).

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