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Reply to Anglemeyer et al

TO THE EDITOR—We fully agree with Anglemeyer et al that the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has and will continue to influence the epidemiology and evolution of respiratory infections globally. The exemplary data provided by Anglemeyer et al for respiratory syncytial virus may also be reflective of potential developments for influenza, pertussis, and pneumococcal epidemiology, for example concerning the low levels of influenza infections during recent influenza seasons [1, 2]. With potential alleviation of social restrictions as well as SARS-CoV-2 becoming seasonal, seasonal peaks in

respiratory infections' burden might be expected, including possible respiratory coinfections. Scarcity of hospital capacity, as exemplified currently by SARS-CoV-2 in various countries, will pose serious challenges and optimized measures are required to prevent and control such outbreaks.

In addition to development of novel and improved respiratory vaccines, test-guided antiviral and other antimicrobial therapies, and enhanced use of existing vaccines in vulnerable groups seem crucial to minimize the effects of winter infectious disease burdens. For example, high coverage rates of influenza vaccines and use of best options, such as high-dose formulations for older adults, are warranted [3]. The European Union project VITAL (Vaccines and Infectious Disease in the Ageing Populations, No. 806776) aims to improve vaccines, vaccination programs, and other interventions for vulnerable adult groups, notably to avoid future seasonal peaks in respiratory infections, associated burdens, and potential strains on hospital capacities [4].

Notes

Potential conflicts of interest. FZ, CB and MP have nothing to disclose for this specific manuscript. CB and MP reports grants and personal fees from various medical and pharmaceutical industries, all outside the submitted work. CB holds stocks in Health-Ecore. MP holds stocks in Health-Ecore and Pharmacoeconomics Advice Groningen (PAG Ltd) and is advisor to Asc Academics, all pharmacoeconomic consultancy companies.

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