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Current Understanding of Immune Response after COVID-19 Vaccination

Guest Editors:

Dr. Shunbin Ning
Quillen College of Medicine, East Tennessee State University, Johnson City, TN 37614, USA

Dr. Davide Firinu
Department of Medical Sciences and Public Health, University of Cagliari, 09124 Cagliari, Italy

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Message from the Guest Editors

Currently, the widely used mRNA and AAV vaccines against SARS-CoV-2 are based on the viral spike (S) protein that is required for its binding, fusion, and cell entry. Similar to the viral infection, the vaccines produce serum antibodies at early stages, and also induce long-lasting memory B- and T-cell responses in the recipients. As such, the vaccine-elicited immune response is impaired in older and immunosuppressed recipients, resulting in lower titers of antibodies and weaker protection. As for individuals, antibody titers peak within 3~5 weeks, and then start to decline, which varies depending on individuals. In addition, other immune responses also play important roles in preventing SARS-CoV-2 infection and limiting COVID-19 illness severity, although the mechanisms of their protection are less understood so far. Therefore, a higher antibody titer does not necessarily mean better protection. Compared to antibodies, immunogenicity is a more complex and better measurement of a vaccine. Understanding the complicated immune mechanisms after vaccination will provide valuable information for optimizing vaccine efficacies.

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Editor-in-Chief

Prof. Dr. Ralph A. Tripp
Department of Infectious Diseases, College of Veterinary Medicine, University of Georgia, Athens, GA 30602-7387, USA

Message from the Editor-in-Chief

Vaccines (ISSN 2076-393X) has had a 6-year history of publishing peer-reviewed state of the art research that advances the knowledge of immunology in human disease protection. Immunotherapeutics, prophylactic vaccines, immunomodulators, adjuvants and the global differences in regulatory affairs are some of the highlights of the research published that have shaped global health. Our open access policy allows all researchers and interested parties to immediately scrutinize the rigorous evidence our publications have to offer. We are proud to present the work and perspectives of many to contribute to future decisions concerning human health.

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Contact Us

Vaccines Editorial Office
MDPI, St. Alban-Anlage 66
4052 Basel, Switzerland

Tel: +41 61 683 77 34
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