

Authors' Response to Correspondence to "Singing Voice Symptomatology Following Presumed SARS-CoV-2 Infection"

Greetings,

We thank Drs. Mungmunpantip and Wiwanitkit for their interest in this publication. It is hoped that the following response to their letter may be of use to the reader.

The central point of Drs. Mungmunpantip and Wiwanitkit's letter is that "a layperson's internet response might not guarantee a correct diagnosis." It seems to be related to the statement in Joob & Wiwanitkit's letter to the editor in a different journal (LINK: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7142000/>) that stated, "In our country, Thailand, it is not uncommon for patients to disguise their clinical history."

The authors acknowledge that participants may provide inaccurate responses in survey studies, but we believe that the data collected in this study are valid. Respondents in this study ($n = 981$) had no reason to falsify their responses, and participation was anonymous. Importantly, question 3 of the survey instrument specifically asked, "Have you tested positive for COVID-19 at some point [a. Yes, I have tested positive via rapid, PCR, or anti-body test; b. No, I have never (SKIP TO END)]." All who answered, "b" were excluded from the experiment. Respondents included in the study received external confirmation of their prior SARS-CoV-2 infection.

The rationale of Drs. Mungmunpantip and Wiwanitkit's statement, "the absence of clinical symptoms and asymptomatic COVID-19 may be related," was unclear to the authors. This possibility was covered by several questions in the survey instrument, such as "12. How would you classify your COVID-19 illness" with, "a. I had no symptoms." Perhaps the correspondents are concerned that the study failed to capture data from singers who were unaware that they had at some point contracted COVID-19. While this is an interesting possibility, singers who were unaware of their prior (asymptomatic) SARS-CoV-2 infection would likely consider themselves ineligible for participation in this study.

The statement that, "the chance of cross-contamination with an unidentified SARS-CoV-2 [sic] infection

cannot be completely ruled out," is a known factor in symptomatological research. Again, to minimize the potential of false negative assumption of disease in a setting where there was infection, the authors only included data from individuals who indicated that they had tested positive for COVID-19.

Finally, the letter correctly summarized, "Dove et al discovered that the severity of the infection was statistically connected with a change in singing voice but that age, gender, and vaccination status were not." It should be noted, however, that although we did not find statistically significant differences in these basic demographics and this singing voice outcome, it doesn't mean that these differences do not exist. It is likely that our study was underpowered to observe these more subtle differences in the population of respondents.

In summary, the authors believe that the reported data and their analyses have added to our understanding of this growing population's unique vocal needs. We believe the data collected accurately reflect the respondents' experiences with COVID-19, and may inform strategies for singing voice habilitation in COVID-19 survivors. We thank the correspondents for their interest and comments.

Sophia Dove*
Leryn Turlington*
Kate Elmendorf*
Kurayi Mahachi†
Christine Petersen†
David Meyer*

* *Janette Ogg Voice Research Center, Shenandoah University, Winchester, Virginia*

† *Center for Emerging Infectious Diseases, University of Iowa, Iowa City, Iowa*
E-mail: dmeyer2@su.edu

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