

41.6 percent of adults have serology indicative of past COVID-19 infection

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More than 40 percent of U.S. adults have serology indicative of past

COVID-19 infection, of whom 43.7 percent report never having had COVID-19, according to research published in the Dec. 2 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Noting that the National Health and Nutrition Examination Survey (NHANES) collects severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) serology data and collects self-reported COVID-19 vaccination and disease history, Lara J. Akinbami, M.D., from the CDC in Atlanta, and colleagues used data from NHANES to quantify asymptomatic SARS-CoV-2 infection prevalence and seropositivity attained through infection without vaccination.

The researchers found that based on preliminary NHANES 2021 to 2022 results, 41.6 percent of adults aged 18 years and older had serology indicative of past infection and 43.7 percent of these adults reported never having had COVID-19, including 57.1 percent of non-Hispanic Black or African American adults; this may represent asymptomatic infections. Furthermore, 25.5 percent of adults with serology indicative of past infection reported not having received a COVID-19 vaccine. Young adults and Black adults had higher prevalence rates of seropositivity in the absence of vaccination, reflecting lower vaccination rates in these groups.

"Consistent with findings from other seroprevalence studies, preliminary NHANES 2021 to 2022 results raise health equity concerns given the disparities observed in SARS-CoV-2 infection and COVID-19 vaccination," the authors write. "These results can guide ongoing efforts to achieve vaccine equity in COVID-19 primary vaccination series and booster dose coverage."

More information: Lara J. Akinbami et al, SARS-CoV-2 Serology and Self-Reported Infection Among Adults—National Health and

Nutrition Examination Survey, United States, August 2021–May 2022, *MMWR. Morbidity and Mortality Weekly Report* (2022). [DOI: 10.15585/mmwr.mm7148a4](#)

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