

**HEALTH ALERT NETWORK****HEALTH DISTRICT 4****EVALUATION FOR MYOCARDITIS OR PERICARDITIS AFTER COVID-19 VACCINATION**

May 21, 2021

Myocarditis with or without pericarditis has been reported in three Idaho patients after they had recently received COVID-19 vaccine. All three patients received the second dose of Pfizer vaccine 2-10 days before being evaluated at a hospital. The Centers for Disease Control and Prevention (CDC) and other state public health agencies are also aware of reports of myocarditis following COVID-19 vaccination; the CDC's Advisory Committee on Immunization Practices' Vaccine Safety Technical Work Group has recently reported a statement on the issue, at <https://www.cdc.gov/vaccines/acip/work-groups-vast/technical-report-2021-05-17.html>. Consider a diagnosis of myocarditis or pericarditis in any evaluation of chest pain following COVID-19 vaccination.

- Inquire about recent COVID-19 vaccination in any patient presenting with symptoms consistent with myocarditis or pericarditis (chest pain or pressure; shortness of breath; EKG abnormalities).
- Report such cases promptly to the U.S. Vaccine Adverse Events Reporting System (VAERS: <https://vaers.hhs.gov/reportevent.html>).
  - It is recommended that the evaluating (not administering) provider report the incident to VAERS so that appropriate clinical details can be reported accurately.
- Report any cases that meet the criteria above to DHW by calling 1-800-632-5927 in addition to VAERS; DHW may investigate and can assist with reporting.

Idaho cases were identified through a combination of syndromic surveillance of emergency department visits and weekly review of reports from VAERS. None of the patients died. All were between 25 and 60 years of age and two of the three were women. The cause of myocarditis was thought to be influenza virus infection in one patient and has not been determined in the other two patients.

To support ongoing monitoring for this potential adverse event, the DHW asks that providers evaluate patients with any compatible symptoms for myocarditis or pericarditis following vaccination and report any such cases promptly to VAERS. Providers are asked to report any cases with symptoms within the two weeks following vaccination, including first and second doses of vaccine.

Clinical features of myocarditis and pericarditis include chest pain or pressure, shortness of breath, electrocardiogram (EKG) changes and elevated cardiac biomarkers. Providers should elicit a detailed history including vaccination status and potential exposures to COVID-19. Patients should be tested for COVID-19 infection using a molecular (PCR) test.