Technical Bulletin

Date: June 14, 2021
Topic: Monitoring Reports of Myocarditis Post-COVID-19 Vaccination
Contact: Pam Forest, MD, Vaccine Safety Coordinator, Nevada State Immunization Program
To: All Vaccinating Health Care Providers and Facilities, Pharmacists

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccine Safety Technical (VaST) Work Group has reviewed post-authorization COVID-19 vaccine safety data weekly since the start of the U.S. COVID-19 vaccination program.

There have been reports of myocarditis occurring after COVID-19 vaccination, including in Europe, where the European Medicines Agency (EMA) of the European Union recently requested data from Pfizer and Moderna on reports of myocarditis and pericarditis after vaccination. Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (i.e., Pfizer-BioNTech and Moderna), particularly in adolescents and young adults. CDC is aware of these reports, which are rare given the number of vaccine doses administered, and CDC and its partners are investigating these reports.

Myocarditis is the inflammation of the heart muscle and pericarditis is the inflammation of the lining outside the heart. In both cases, the body's immune system is causing inflammation in response to an infection or some other trigger. Symptoms can include abnormal heart rhythms, shortness of breath, or chest pain. While myocarditis can be serious, in most cases, patients who presented for medical care have responded well to medications and rest and had prompt improvement of systems.

Within CDC safety monitoring systems, including the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD), rates of myocarditis reports in the timeframe following COVID-19 vaccination have not differed from expected baseline rates. No safety signal has been identified in VAERS or VSD.

The associated COVID-19 VaST Work Group Technical Report indicates the reported cases seem to occur:
- predominantly in adolescents and young adults ages 16 years and older,
- more often in males than females,
- more often following dose 2 than dose 1, and
- typically, within 4 days after vaccination.

CDC will continue to evaluate reports of myocarditis/pericarditis occurring after COVID-19 vaccination and will share more information as it becomes available. CDC continues to recommend COVID-19 vaccination for everyone 12 years and older given the risk of COVID-19 illness and related, possibly severe complications, such as long-term health problems, hospitalization, and even death.
Reporting Myocarditis

Healthcare providers should consider myocarditis in an evaluation of chest pain after vaccination and report all cases to VAERS.

Health care providers are highly encouraged to immediately notify both infection control personnel at their health care facility and the Nevada Division of Public and Behavioral Health in the event of suspected myocarditis after COVID-19 vaccination.

Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours).

Additional Resources

Clinical Considerations: Myocarditis after mRNA COVID-19 Vaccines | CDC Myocarditis and Pericarditis Following mRNA COVID-19 Vaccination | CDC

Symptomatic Acute Myocarditis in Seven Adolescents Following Pfizer-BioNTech COVID-19 Vaccination


Pediatrics Jun 2021, e2021052478; DOI: 10.1542/peds.2021-052478

Questions:

For updated guidance, please review the DPBH Technical Bulletin website and the Nevada Health Response website regularly. E-mail Pam Forest at pforest@health.nv.gov with questions regarding the contents of this Technical Bulletin.

Lisa Sherych, Administrator
Division of Public and Behavioral Health

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

1 http://dpbh.nv.gov/Resources/Technical_Bulletins-New/

2 https://nvhealthresponse.nv.gov/