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RISK MANAGEMENT SERVICES

CDC Recommendations for Clinicians - Myocarditis and Pericarditis

Summary

Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna, particularly in adolescents and young adults. There has not been a similar reporting pattern observed after receipt of the Janssen COVID-19 vaccine (Johnson & Johnson).

In most cases, patients who presented for medical care have responded well to medications and rest and had prompt improvement of symptoms. Reported cases have occurred predominantly I male adolescents and young adults 16 years of age and older. Onset was typically within several days after mRNA COVID-19 vaccination, and cases have occurred more often after the second dose than the first dose. CDC and its partners are investigating these reports of myocarditis and pericarditis following mRNA COVID-19 vaccination.

CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older given the risk of COVID-19 illness and related, possibly severe complications, such as long-term health problems, hospitalization, and even death.

Recommendations for Clinicians

- CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older given the greater risk of other serious complications related to COVID-19, such as hospitalization, multisystem inflammatory syndrome in children (MIS-C), or death.
- Report all cases of myocarditis and pericarditis post COVID-19 vaccination to VAERS https://vaers.hhs.gov/reportevent.html.
- Consider myocarditis and pericarditis in adolescents or young adults with acute chest pain, shortness of breath, or palpitations. In this younger population, coronary events are less likely to be a source of these symptoms.
- Ask about prior COVID-19 vaccination if you identify these symptoms, as well as relevant other medical, travel, and social history.
- For initial evaluation, consider an ECG, troponin level, and inflammatory markers such as C-reactive protein and erythrocyte sedimentation rate. In the setting of normal ECG, troponin, and inflammatory markers, myocarditis or pericarditis are unlikely.
- For suspected cases, consider consultation with cardiology for assistance with cardiac evaluation and management. Evaluation and management may vary depending on the patient age, clinical presentation, potential causes, or practice preference of the provider.
- For follow-up of patients with myocarditis, consult the recommendations from the American Heart Association and the American College of Cardiology https://www.ahajournals.org/doi/10.1161/CIR.0000000000000239?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed.
- It is important to rule out other potential causes of myocarditis and pericarditis. Consider consultation with infectious disease and/or rheumatology to assist in this evaluation.

- Where available, evaluate for potential etiologies of myocarditis and pericarditis, particularly acute COVID-19 infection (i.e., PCR testing), prior SARS-CoV-2 infection (i.e., detection of SARS-CoV-2 nucleocapsid antibodies), and other viral etiologies (i.e., enterovirus PCR and comprehensive respiratory viral pathogen testing).

For more information

- NIH materials on myocarditis and pericarditis https://www.nhlbi.nih.gov/health-topics/heart-inflammation
- Frequently asked questions about VAERS reporting for COVID-19 vaccines https://vaers.hhs.gov/faq.html
- How to report to VAERS https://vaers.hhs.gov/reportevent.html

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html
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