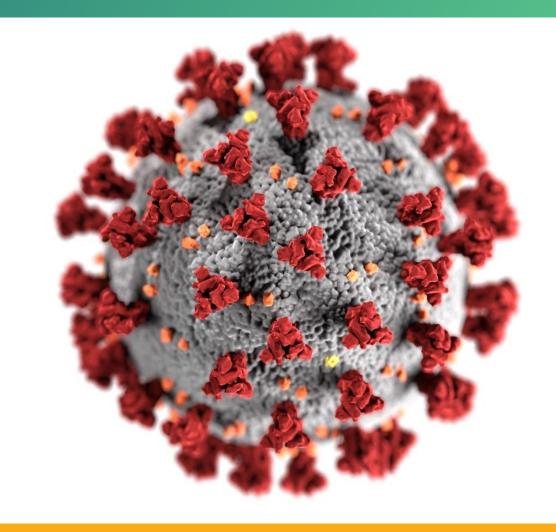
Overview of Myocarditis and Pericarditis ACIP COVID-19 Vaccines Work Group June 23, 2021

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CDC COVID-19 Vaccine Task Force





cdc.gov/coronavirus

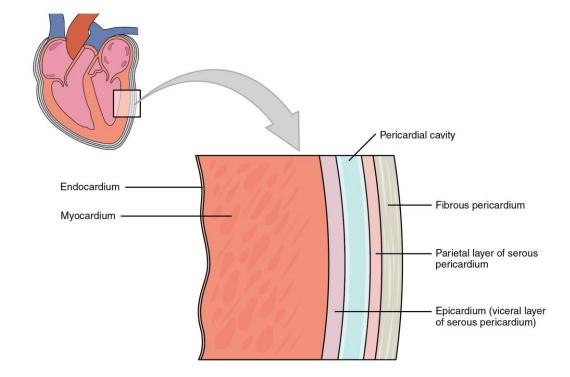
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What are Myocarditis and Pericarditis?

- Myocarditis: Inflammation of the myocardium (the heart muscle)
- Pericarditis: Inflammation of the pericardium (the lining around the heart)
- Myopericarditis: When both myocarditis and pericarditis are present





Myocarditis diagnosis

Probable

- 1. Symptoms
 - Chest pain/pressure/discomfort
 - Dyspnea/shortness of breath
 - Palpitations
- 2. Abnormal testing
 - Elevated troponin
 - Electrocardiogram (ECG or EKG) findings
 - Decreased function on echo or MRI
 - MRI findings consistent with myocarditis
- 3. No other identified cause

Confirmed

- 1. Symptoms
 - Chest pain/pressure/discomfort
- Dyspnea/shortness of breath
- Palpitations
- 2. Abnormal testing
 - Biopsy
 - Elevated Troponin AND MRI findings consistent with myocarditis
- No other identified cause



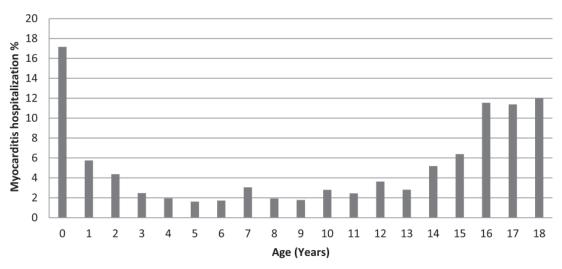
Pericarditis diagnosis

- Must have 2 of:
 - Chest pain
 - Pericardial rub audible by stethoscope
 - Abnormal ECG findings (New ST-elevation or PR-depression)
 - Pericardial effusion on echocardiogram or MRI



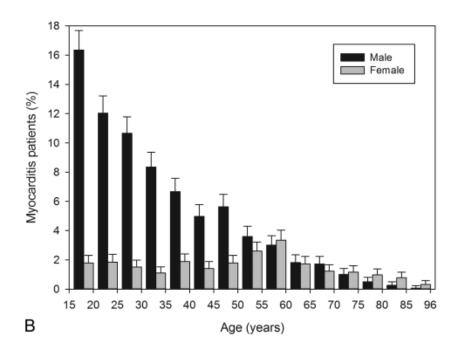
Epidemiology of myocarditis

- Children
 - Annual incidence 0.8 per 100,000
 - In 15-18yo, 1.8 per 100,000 in 2015-2016
 - 66% male
 - Median LOS 6.1 days



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- Adults
 - Gradual decrease in incidence with age
 - 76% male



Kyto et al. Heart. 2013.

Causes of traditional myocarditis

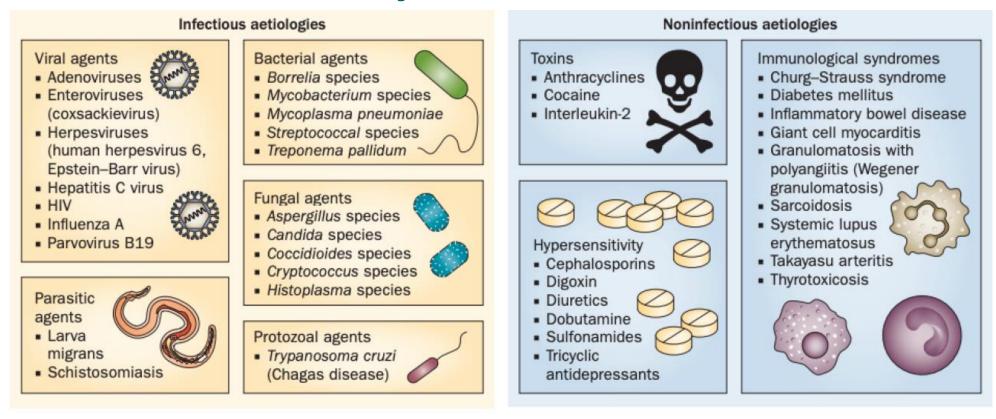


Figure 1 | Common causes of myocarditis. Viral infection is the most common aetiology, but several other aetiologies of myocarditis have also been implicated.



Treatment of myocarditis

- Supportive care is mainstay of therapy
- Directed care for arrhythmias, decreased heart function, congestive heart failure
- Role of anti-inflammatory medicines unclear
- In severe cases (rare), can consider mechanical support or heart transplant
- Exercise restriction while the heart recovers



Early reports of myocarditis after mRNA COVID-19 vaccine: United States

- Marshall et al 7 healthy males 14-19yo within 4 days of 2nd mRNA vaccine
 - All with abnormal troponin, ECG, and MRI
 - Treatment with NSAIDs alone in 3, IVIG/steroids in 4
 - All discharged to home after 2-6 days in the hospital (median 4)
- Rosner et al* 5 males 19-39yo within 4 days of 2nd dose of vaccine, 1 24yo male 7 days after 1st dose
 - All with abnormal troponin and MRI findings, varying ECG findings
 - Treatment with NSAIDs or colchicine in 4, beta-blockers in 2, steroids in 1
 - All discharged to home after 2-4 days in the hospital (median 3)
 - Note: Spike protein antibodies **negative** in patient who presented after 1st dose



Early reports of myocarditis after mRNA COVID-19 vaccine: International

- Larson et al 8 males 22-56yo (4 in U.S., 4 in Italy); 7 within 4 days of dose 2, 1 with onset 2 days after dose 1 (had hx of prior SARS-CoV-2 infection)
 - All with abnormal troponin, echo, and MRI; 7/8 with abnormal ECG
 - Treatment with NSAIDs or colchicine in 4, steroids in 2, no treatment in 3
 - All discharged home with resolution of symptoms and preserved ejection fraction
- Israeli Ministry of Health 148 myocarditis cases occurring within 30 days of mRNA vaccine
 - 27 cases out of ~5.4 million first doses
 - 121 cases out of ~5 million second doses
 - Mostly in men aged 16-30 (particularly 16-19)
 - Most were in the hospital up to 4 days
 - 95% of cases considered mild



Summary

Myocarditis is rare, but is not a new disease

- Treatment largely supportive
- Myocarditis after mRNA vaccines:
 - Most commonly males, <30 years old, within a few days after 2nd dose
 - Early data of acute outcomes of myocarditis after mRNA vaccines have been good
 - No long-term data available yet



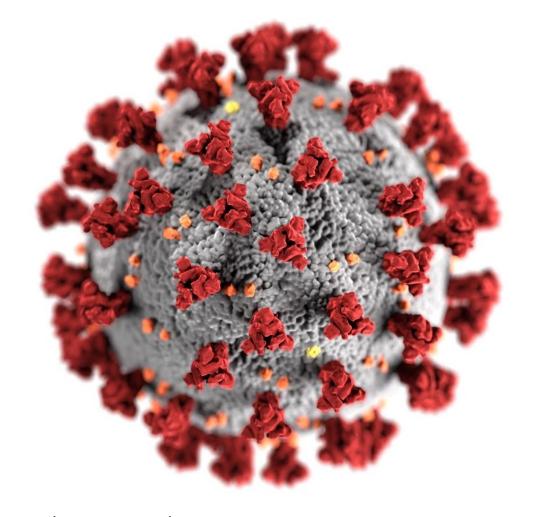
Thank you!

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For more information, contact CDC

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